

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000006515**

1. Entity Name

TWINS MORTGAGE CORP.**FILED**
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 037 ***150.00

Principal Place of Business

**4908 NW 34TH STREET
#5
GAINESVILLE FL 32605**

Mailing Address

**4908 NW 34TH STREET
#5
GAINESVILLE FL 32605-1196**

2. Principal Place of Business

**1150 Bridge Hill Ave
Suite, Apt. #, etc.**

3. Mailing Address

**1150 Bridge Hill Ave
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
Canton, GACity & State
Canton, GA

4. FEI Number

36-3817351

Applied For

Not Applicable

Zip
30114Country
USAZip
30114Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANNING, TERI
4906 NW 65TH WAY
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

Name
JAMES LOWY

Street Address (P.O. Box Number is Not Acceptable)

2110 W. HILLS AVE.City
TAMPA**FL**Zip Code
33606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVST CANNING, TERI 4906 NW 65TH WAY GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNING, STEVEN 4906 NW 65TH WAY GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

770-345-7325

Daytime Phone #