

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07193

1. Entity Name
TWO C'S, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90022 016 ***150.00

Principal Place of Business
1653 KINSALE DR
CANTONMENT FL 32533
US

Mailing Address
2172 W NINE MILE RD
PMB 358
PENSACOLA FL 32534-9413
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2243405** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDON, A.G. JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CONDON, A.G. JR.**
STREET ADDRESS **30 SOUTH SPRING ST.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **CLIPPER, ROBERT W JR**
STREET ADDRESS **2172 W NINE MILE RD, PMB 358**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert W. Clipper Jr. **7/5/00** **(850) 968-3282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
DH# 607193
DW009985

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32302-1500

TWO C's, Inc.
2172 W. 9 Mile Rd. PMB 358
Pensacola, FL 32534

July 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I respectfully request the late fee, of \$400.00, for late filing of the enclosed report be waived. I did not receive the first notice in time to meet the dead line due to my military relocation from Norfolk, VA to Pensacola, FL.

Thank you for you favorable consideration of my request.

Sincerely,


Robert W. Clipper, Jr.
Secretary

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32302-1500
JUL 10 2000