

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90094 033 ***158.75

DOCUMENT # G07193

1. Entity Name
TWO C'S, INC.



Principal Place of Business
30 S, SPRING STREET
PENSACOLA, FL 32501

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

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

3. Mailing Address
1765 E NINE mile Rd
STE 1 #108

City & State
Pensacola FL

Zip
32574

Country
US

11- **

700275074517

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number 59-2243405

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONDON, A.G. JR. 30 SOUTH SPRING ST. PENSACOLA FL 32501 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLIPPER, ROBERT W JR 2172 W NINE MILE RD, PMB 358 PENSACOLA FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Robert W Clipper, Jr 1765 E NINE mile Rd. STE 1 #108 Pensacola, FL 32574 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W Clipper, Jr* ST 2/18/03 850 414-0914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP25034 (10/02)