2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91689 033 ***150.00

DOCUMENT # G07193

1. Entity Name
TWO C'S, INC.

Principal Place of Business	Mailing Address
1653 KINSALE DR CANTONMENT FL 32533 US	2172 W NINE MILE RD PMB 358 PENSACOLA FL 32534 US

600275074526
DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt #, etc.
City & State
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
CONDON, A.G. JR.
30 SOUTH SPRING STREET
PENSACOLA FL 32501

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.

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, 2002 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	PD CONDON, A.G. JR. 30 SOUTH SPRING ST. PENSACOLA FL 32501	☐ Delete
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 5/7/02 (850)452-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #