

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90127 031 ***158.75

DOCUMENT # J14828

1. Entity Name

TWBJT REALTY ENTERPRISES, INC.

Principal Place of Business

**12609 LAKEDENISE BLVD
 CLERMONT FL 34711**

Mailing Address

**12609 LAKEDENISE BLVD
 CLERMONT FL 34711**

2. Principal Place of Business

13201 Sugarbluff Rd

Suite, Apt. #, etc.

3. Mailing Address

13201 Sugarbluff Rd

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont

Zip

34711

Country

LAKE

Zip

34711

Country

LAKE

4. FEI Number

59-2688454

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, WILLIAM ROBERT
 633 SOUTH ANDREWS AVENUE
 SUITE 420
 FT. LAUDERDALE FL 33301**

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 **P** ☐ Delete
 NAME **REILLY, JAMES**
 STREET ADDRESS **12609 LAKE DENISE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **ST** ☐ Delete
 NAME **REILLY, TIMOTHY**
 STREET ADDRESS **12609 LAKE DENISE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VD** ☐ Delete
 NAME **REILLY, WILLIAM**
 STREET ADDRESS **12609 LAKE DENISE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition
 NAME **13201 Sugarbluff Rd**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Same** ☒ Change ☐ Addition
 NAME **13201 Sugarbluff Rd**
 STREET ADDRESS
 CITY-ST-ZIP **Same**

TITLE **Same** ☒ Change ☐ Addition
 NAME **13201 Sugarbluff Rd**
 STREET ADDRESS
 CITY-ST-ZIP **Same**

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

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

TITLE ☐ Change ☐ Addition
 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:

JAMES REILLY, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (352) 241-0690

Date Daytime Phone #

CR2E034 (9/01)