

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # J15854**

1. Entity Name  
**TWO OCEAN FUNDING, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90084 021 \*\*\*150.00

Principal Place of Business      Mailing Address  
% FRED H. FARNSWORTH      P.O. BOX 35  
9501 ISTACHATTA RD      FLORAL CITY FL 34436-0035  
FLORAL CITY FL 34436      US  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **59-2863620**      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**

**FARNSWORTH, FRED H.**  
**9501 ISTACHATTA ROAD**  
**FLORAL CITY FL 32636**

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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>FARNSWORTH, FRED H.</b>	
STREET ADDRESS	<b>9501 ISTACHATTA ROAD</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FARNSWORTH, SHARON</b>	
STREET ADDRESS	<b>9501 ISTACHATTA ROAD</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(1), 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: *Sharon Farnsworth* **Dec (SHARON FARNSWORTH)**      Date: **4/4/00**      Daytime Phone #: **352.726.9369**

CR2E034 (9/99)