

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 015 ***150.00

DOCUMENT # **J23933**

1. Entity Name

TWO CITIES CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1614 CHASE AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 25314

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CINCINNATI OH

City & State

TAMPA FL

4. FEI Number

59-2700166

Applied For

Not Applicable

Zip

Country

45223

Zip

Country

33622

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILSON, CONSTANCE C.

Street Address (P.O. Box Number is Not Acceptable)

5939 MARINER DR

City

TAMPA

FL

Zip Code

33609

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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 **PRESIDENT**
NAME **WILSON, CONSTANCE C.**
STREET ADDRESS **1614 CHASE AVE**
CITY-ST-ZIP **CINCINNATI OH 45223**

TITLE **ST**
NAME **REED, THOMAS J**
STREET ADDRESS **1614 CHASE AVE**
CITY-ST-ZIP **CINCINNATI OH 45223**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Constance C. Wilson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02
Date

513-541-6200
Daytime Phone #