


FILED  
May 12, 2003 8:00 am  
Secretary of State

05-12-2003 90210 006 \*\*\*150.00

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

DOCUMENT # <u>J23933</u>			
1. Entity Name <u>TWO CITIES CORP.</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <u>1614 CHASE AVE</u> Suite, Apt. #, etc.		3. Mailing Address <u>PO BOX 25314</u> Suite, Apt. #, etc.	
City & State <u>CINCINNATI, OH</u>		City & State <u>TAMPA, FL</u>	
Zip <u>45223</u>	Country	Zip <u>33622</u>	Country
4. FEI Number <u>59-2700166</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
7. Name and Address of Current Registered Agent			
Name <u>WILSON, CONSTANCE C.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5939 MARINER DR</u>			
City <u>TAMPA</u>		FL	Zip Code <u>33609</u>
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 <u>Constance C Wilson</u>		DATE <u>4/15/03</u>	
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>WILSON, CONSTANCE C</u> <u>1614 CHASE AVE</u> <u>CINCINNATI, OH 45223</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>ST</u> <u>REED, THOMAS J</u> <u>1614 CHASE AVE</u> <u>CINCINNATI, OH 45223</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>X Constance C Wilson</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR2E034B (12/02)