

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018161

1. Entity Name

TWC DESIGNS, L.L.C.

Principal Place of Business

6145 KEETING ROAD
PENSACOLA FL 32504

Mailing Address

6145 KEETING ROAD
PENSACOLA FL 32504

2. Principal Place of Business

4100 Gallahad Rd

3. Mailing Address

4000 Gallahad Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

USA

Zip

32514

Country

USA

4. FEI Number

59-3750740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATTER, ROBERT M
6145 KEETING ROAD
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name Katter, Robert M

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

4000 Gallahad Rd

City Pensacola, FL

FL

Zip Code
32514

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

Robert M Katter

9/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATTER, ROBERT M 6145 KEETING ROAD PENSACOLA FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLTYSIK, ROBERT C 108 SOUTH RIVER ROAD APT. 227 WEST LAFAYETTE IN 47906	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 Gallahad Rd Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 Gallahad Rd Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert M Katter

9/14/02

850-478-7115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-12-2002 90089 012 ****50.00

DO NOT WRITE IN THIS SPACE