

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
 02-15-2002 90013 010 ***150.00

DOCUMENT # L36159

1. Entity Name
TWIN ARCH GROUP, INC.

Principal Place of Business

**2929 N UNIVERSITY DR
 STE-#107
 CORAL SPRINGS FL 33071**

Mailing Address

**2929 N UNIVERSITY DR
 STE-#107
 CORAL SPRINGS FL 33071**

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 **65-0201419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, BRENDA
 10951 NW 3RD ST
 CORAL SPRINGS FL 33071**

Name

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

**2929 N. UNIVERSITY DR
 Ste 107**

City

CORAL SPRINGS

FL

Zip Code

33071

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVS** ☐ Delete
 NAME **WELLS, BRENDA S**
 STREET ADDRESS **10951 NW 3RD ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **2929 N. UNIVERSITY DRIVE, STE. 107** ☒ Change ☐ Addition
 NAME **2929 N. UNIVERSITY DRIVE, STE. 107**
 STREET ADDRESS **CORAL SPRINGS, FL 33065**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **WELLS, BRENDA S**
 STREET ADDRESS **10951 NW 3RD ST**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **2929 N. UNIVERSITY DRIVE, STE. 107** ☒ Change ☐ Addition
 NAME **2929 N. UNIVERSITY DRIVE, STE. 107**
 STREET ADDRESS **CORAL SPRINGS, FL 33065**
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

954 344 2858

Date

Daytime Phone #

CR2E034 (9/01)