

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90057 022 \*\*\*\*61.25

DOCUMENT # N03000003094

1. Entity Name

TWESE RIKA UMWE INTERNATIONAL INC.



Principal Place of Business

382 MARION OAKS LANE  
OCALA FL 34473

Mailing Address

382 MARION OAKS LANE  
OCALA FL 34473

2. Principal Place of Business

PVT Home

3. Mailing Address

382 Marion Oaks Lane

94009779



MOORE

CR2E037 (11/03)

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

86-1054721

Applied For

Not Applicable

Zip

Country

34473 MARION Co

Zip

Country

34473 MARION Co

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

RAGLAND, NATHALIE  
382 MARION OAKS LANE  
OCALA FL 34473

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nathalie Ragland - Nathalie Ragland

2/1/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE LEWIS	<input checked="" type="checkbox"/> CURRENT
STREET ADDRESS	382 MARION Oaks Lane	
CITY - ST - ZIP	Ocala FL 34473-2912	
TITLE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHALIE RAGLAND	<input checked="" type="checkbox"/> CURRENT
STREET ADDRESS	382 MARION Oaks Lane	
CITY - ST - ZIP	Ocala FL 34473-2912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nathalie Ragland - Nathalie Ragland

2/1/04

253-347-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #