

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004541

1. Entity Name

TWOWEST ENTERPRISES, INC.

Principal Place of Business

7731 ALISTER MACKENZIE DR.
SARASOTA FL 34240

Mailing Address

7731 ALISTER MACKENZIE DR.
SARASOTA FL 34240

2. Principal Place of Business

3262 UNIVERSITY BLVD. N

3. Mailing Address

3262 UNIVERSITY BLVD. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32277

Country

DUVAL

Zip

32277

Country

DUVAL

4. FEI Number

65-0973277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARLOW, DAVID L
7731 ALISTER MACKENZIE DR.
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name HARLOW, DAVID L.

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

3262 UNIVERSITY BLVD. N

JACKSONVILLE

FL 32277

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, 2001 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

TITLE D
NAME HARLOW, DAVID L
STREET ADDRESS 7731 ALISTER MACKENZIE DR.
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE D
NAME HARLOW, PEGGY P
STREET ADDRESS 7731 ALISTER MACKENZIE DR.
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HARLOW, DAVID L.
STREET ADDRESS 3262 UNIVERSITY BLVD. N
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Change ☐ Addition

TITLE VP
NAME HARLOW, PEGGY P.
STREET ADDRESS 3262 UNIVERSITY BLVD. N
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90094 003 ***150.00

438749



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)