

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91752 006 ***150.00

DOCUMENT # P 000000.12471

1. Entity Name

TWIG ONE STOP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 S. CONGRESS AVE

3. Mailing Address

3200 S. CONGRESS AVE

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

DO NOT WRITE IN THIS SPACE

City & State

BOUNTON BEACH FL

City & State

BOUNTON BEACH FL

4. FEI Number

59-3623043

Applied For

Not Applicable

Zip

Country

33426

USA

Zip

Country

33426

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ISAAC THALER

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

4142 NW 2nd ST

City

DELRAY BEACH

FL

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ISAAC THALER 4142 NW 2nd ST DELRAY BEACH FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 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 #