

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90226 020 ***150.00

DOCUMENT # P00000037394

1. Entity Name
TWO PUTT, INC.



Principal Place of Business
**1525 FOURTH STREET
SUITE D
SARASOTA FL 34236**

Mailing Address
**1525 FOURTH STREET
SUITE D
SARASOTA FL 34236**

2. Principal Place of Business
**1345 MAIN STREET
SUITE C-2
SARASOTA, FL 34236**

3. Mailing Address
**1345 MAIN STREET
SUITE C-2
SARASOTA, FL 34236**

City & State
USA

City & State
USA

4. FEI Number
59-3647024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORAN, JOHN A ESQ
22 S. LINKS AVE., STE. 300
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DORE, STEVE	
STREET ADDRESS	2558 WATERVIEW CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, J.M.	
STREET ADDRESS	1742 PEREGRINE POINT DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAUTAMAKI, RAYMOND D	
STREET ADDRESS	1240 SOUTHVIEW DR.	
CITY-ST-ZIP	SIESTA KEY FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNNING, JERRY	
STREET ADDRESS	511 CHEVAL DR.	
CITY-ST-ZIP	VENICE FL 34292-1	
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 11

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		
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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 607, 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/03 941/937/5355

CR2E034 (10/02)