

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90091 022 ***150.00

DOCUMENT # P00000045461

1. Entity Name

TWT RESTAURANT DESIGN, CONSTRUCTION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 N Westshore Blvd

Suite, Apt. #, etc.

200 A

3. Mailing Address

1111 N Westshore Blvd

Suite, Apt. #, etc.

200A

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEJ Number

59-3645045

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

80051480

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Fowler White Gillen Baggs Villareal and Banker**

Street Address (P.O. Box Number is Not Acceptable) **501 E. Kennedy Blvd., Suite 1700**

Attn: **R. Alan Higbee**

City **Tampa**

FL

Zip Code **33602**

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 **CEO**
NAME **Thomas A Schelldorf**
STREET ADDRESS **1111 N Westshore Blvd 200A**
CITY - ST - ZIP **Tampa FL 33607**

TITLE **P**
NAME **William G. Holmes**
STREET ADDRESS **1111 N Westshore Blvd 200A**
CITY - ST - ZIP **Tampa FL 33607**

TITLE **CFO, S, T**
NAME **Terence Terenzi**
STREET ADDRESS **1111 N Westshore Blvd 200A**
CITY - ST - ZIP **Tampa FL 33607**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Terence Terenzi

**Chief Financial Officer,
Secretary and Treasurer**

3/13/02.

Date

813 286 9150

Daytime Phone #

CR2ED034B (12/01)