

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 026 ***150.00

DOCUMENT # P00000081412

1. Entity Name

2 WIVES, INC.

DO NOT WRITE IN THIS SPACE

656574

2. Principal Place of Business
3575 19TH AVENUE SW

Suite, Apt. #, etc.

3. Mailing Address
3575 19TH AVENUE SW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES

City & State
NAPLES

4. FEI Number
59-3668249

Applied For
Not Applicable

Zip
FL

Country
34117

Zip
FL

Country
34117

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

7. Name and Address of Current Registered Agent

Name
WILLIAM L ROGERS

Street Address (P.O. Box Number is Not Acceptable)
5150 TAMiami TRAIL N

SUITE 501

City
NAPLES

Zip Code
FL 34103

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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
DIRECTOR
LOYD, STEVEN E
3575 19TH AVENUE SW
NAPLES, FL 34117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: Steven E. Loyd STEVEN E LOYD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02 239-364 0025

Date Daytime Phone #