

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90151 003 \*\*\*150.00

0625978

**DOCUMENT # P00000097776**

1. Entity Name  
**TWO KINGS HOLDING CORPORATION INC.**

Principal Place of Business <b>5100 BURCHELHE RD. UNIT 100          TAMPA FL 33647</b>	Mailing Address <b>5100 BURCHELHE RD. UNIT 100          TAMPA FL 33647</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5100 Burchette Rd</b>	3. Mailing Address <b>5100 Burchette Rd</b>
Suite, Apt. #, etc. <b>Unit 100</b>	Suite, Apt. #, etc. <b>Unit 100</b>

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>	4. FEI Number <b>59-3677314</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33647</b>	Country	Zip <b>33647</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BROWN, MICHAEL R.  
 5100 BURCHELHE RD, UNIT 100  
 TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name **Michael R. Brown**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5100 Burchette Rd**  
**Unit 100**  
 City **Tampa** FL Zip Code **33647**

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 *Michael R. Brown* DATE 1/8/01

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, MICHAEL R</b> <b>5100 BURCHELHE RD, UNIT 100</b> <b>TAMPA FL 33647</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVERA, NICOLAS</b> <b>2405 SILVER FORREST</b> <b>LUTZ FL 33549</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael R. Brown</b> <b>5100 Burchette Rd Unit 100</b> <b>Tampa FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael R. Brown* DATE 1/8/01 DAYTIME PHONE # 813-884-9432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)