2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

Jul 24, 2001 8:00 am Secretary of State P00000111678 DOCUMENT # 1. Entity Name JYL TWISTED SISTERS, INC. 07-24-2001 90022 035 ***150.00 Principal Place of Business Mailing Address 196 A MIRICLE STRP. PKWY 196 A MIRICLE STRP. PKWY FT WALTON BCH FL 32548 FT WALTON BCH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLEARWATER FL 33761** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (5/01)TITLE ☐ Delete TITLE LORAR WEBER ADAMSON, CAROL M 196 A MIRICUE STEEP PKWY 196 A MIRICLE STRP. PKWY STREET ADDRESS STREET ADDRESS FT WALTON BCH FL 32548 CITY-ST-ZIP CITY-ST-ZIP FT WALTON BCH, FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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'l 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

FILED

To Whom It May Concern:

April 16, 2001

I Yazmin Ramirez am resigning from the office of Sec./Trea. For JYL Twisted Sisters Inc. As well as, relinquishing all profits and stock that I may hold of said Corp. I ask that this resignation be effective upon receipt of this letter.

Thank you for your time.

Sincerely, Yazmin Ramirez

0Hochment DOC# POCCOOIII678 713266 JYL TWISTED SISTERS, INC.

196-A MIRACLE STRIP PKWY.

FORT WALTON BEACH, FL. 32549
PHONE 850-244-4911 FAX 850-244-4911

Thursday, July 19, 2001

TO WHOM IT MAY CONCERN;

DUE TO THE NEGLIGENCE OF THE CORPORATIONS SECRETARY, YASMINE RAMIREZ, WHOSE POSITION WAS TO MAINTAIN OPERATIONS SUCH AS TAXES AND FILING FOR OUR (FEI #). AN APOLOGY IS IN ORDER. IT WAS NOT BROUGHT TO OUR ATTENTION UNTIL WE RECIEVED YOUR NOTICE.

HOWEVER, THIS IS OUR FIRST CORPORATION AND WE ARE LEARNING AS WE GO. WE UNDERSTAND THAT THERE IS A PENALTY FOR SUCH MISTAKES. DUE TO THE MANY MISTAKES OF OUR FORMER SECRATARY WE HAVE LOST MUCH. WE WOULD LIKE FOR YOU TO CONSIDER A WAIVER OF THIS PENALTY THIS ONE TIME. ALTHOUGH, WE ARE IN SEARCH OF A NEW PARTNER AT THIS TIME AND WILL BE MORE CAREFULL IN FUTURE TRANSACTIONS WITH YOU AS WELL AS OTHERS.

SIŊÇERELY

CAROL M. ADAMSON

(PRESIDENT)