

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024101

1. Entity Name

TWO SISTERS ELITE REPEATS INC.

Principal Place of Business

4609 WESCONNETT BLVD
JACKSONVILLE FL 32210

Mailing Address

4609 WESCONNETT BLVD
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3710932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNS, MILTON

5640-1 TIMUQUANA RD

JACKSONVILLE FL 32221

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	STRAYER, DONA	
STREET ADDRESS	4609 WESCONNETT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROGERS, KATHERINE	
STREET ADDRESS	4609 WESCONNETT BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02 904-771-1040

FILED

02 NOV 25 AM 10:50

SECRETARY OF STATE
500009201945
11/25/02 01058-005 **150.00



DO NOT WRITE IN THIS SPACE

0002894 AV

CR2E034 (4/02)

20f2

MILTON JOHNS & ASSOCIATES, EA
FIRST COAST TAX AND ACCOUNTING

ACCOUNTING & TAX SERVICE
5640-1 TIMUQUANA RD
JACKSONVILLE, FL. 32210
Telephone 771-1040

904-771-1040¹
FAX 904-573-6772

October 31, 2002

Florida Department of State

Re: Two Sisters Elite Repeats, Inc.
Document #: P01000024101

Dear Sir or Madam:

Please accept this check for Two Sisters Elite Repeats, Inc. ,P01000024101, for Corporation Annual Report. Both of the Sisters on the Corporation have had serious health problems and either did not receive the Annual Report, or it got lost in the mail. They cannot afford the \$750.00 fee due to their health problems.

If you should need any further information, please feel free to contact me.

Respectfully,


Angelo Petruccelli

¹ ENROLLED TO REPRESENT TAXPAYERS BEFORE THE INTERNAL REVENUE SERVICE