

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000028420

1. Entity Name

TWIN BROTHERS CLEANING SERVICE, INC.

Principal Place of Business

13339 COPPER AVENUE
PORT CHARLOTTE FL 33981

Mailing Address

13339 COPPER AVENUE
PORT CHARLOTTE FL 33981

2. Principal Place of Business

13339 Copper Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Charlotte

City & State

Port Charlotte

Zip

33981

Country

Port Charlotte

Zip

33981

Country

Port Charlotte

4. FEI Number

105-1089801

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
460 S. INDIANA AVENUE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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.

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 \$150.00
After May 1, 2002 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 D
NAME DRAHOS, JOSEPH W
STREET ADDRESS 13339 COPPER AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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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 Block 12 if changed, or on an attachment with an address, with all other file empowered.

SIGNATURE:

Joseph W. Drahos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90145 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)