

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91281 005 ***150.00

DOCUMENT # P01000070000

1. Entity Name
TWOCAN DEVELOPMENT, INC.

Principal Place of Business
204 37TH AVE. N. #350
ST. PETERSBURG FL 33704

Mailing Address
204 37TH AVE. N. #350
ST. PETERSBURG FL 33704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

259-3725227

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LOWNDES, JENNIFER
204 37TH AVE. N. #350
ST. PETERSBURG FL 33704

Name spelled wrong

7. Name and Address of New Registered Agent

Name

Street

City



Jennifer Lowndes
204 37th Ave. N., #350
St. Petersburg, FL 33704

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

Jennifer Lowndes

4/29/02

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: **President**
 NAME: **Maureen Stafford** Delete
 STREET ADDRESS: **406 10th Ave NE**
 CITY-ST-ZIP: **St Petersburg, FL 33701**

TITLE: **Jana Goodman** Delete
 NAME: **Jana Goodman**
 STREET ADDRESS: **2924 Coachman Ave**
 CITY-ST-ZIP: **Tampa, FL 33611**

TITLE: **Vice President** Delete
 NAME: **Vice President**
 STREET ADDRESS: **Vice President**
 CITY-ST-ZIP: **Vice President**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **vice President** Change Addition
 NAME: **Jana Goodman**
 STREET ADDRESS: **2924 Coachman Ave**
 CITY-ST-ZIP: **Tampa, FL 33611**

TITLE: **President** Change Addition
 NAME: **Jennifer Lowndes**
 STREET ADDRESS: **204 37th Ave N. # 350**
 CITY-ST-ZIP: **ST. Petersburg, FL 33704**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Lowndes

4/24/02

Date

727-412-4477

Daytime Phone #

CR2E034 (9/01)