FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 03, 2002 8:00 am Secretary of State **DOCUMENT#** "F01000079125 08-15-2002 90049 009 ***550.00 TWYN DRAGON OF N.W. FLORIDA, INC. Principal Place of Business Mailing Address 2319 N. 15TH AVE. 2319 N. 15TH AVE. PENSACOLA FL 32503 PENSACOLA FL 32503 Principal Place of Business 3. Mailing Address 🛧 et of co 1206 Şuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Jack E MALD City & State City & State , \$59-368553 4. FE! Number Applied For Florid P01000079 Country_ \$9.75-Additional 5. Certificate of Status Desired SA uc Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCLEAN, BONNIE Street Address (P.O. Box Number is Not Acceptable) 2319 N. 15TH AVE. PENSACOLA FL 32503 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, अङ्गाली न्यास आर्थित करियो के प्राप्त करियों के स्थापन करियों करियों करियों करियों के स्थापन करियों -- 6 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 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE (4/05) NATE MCLEAN, BONNIE NAME STREET ADDRESS 2319 N. 15TH AVE. STREET ADORESS CR2E034 CITY - ST - ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nres Oelete_ TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY+ST-ZIP minds Office A 15 many to 1481/1684 to so TITLE Change Addition . COTESCANIE : edans NAME NAME STREET ADDRESS STREET ADDRESS 13. Thereby certify that the information supplied with this filling 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.



Jim Smith
Secretary of State

August 16, 2002

TWYN DRAGON OF N.W. FLORIDA, INC. 2319 N. 15TH AVE. PENSACOLA, FL 32503

Subject: TWYN DRAGON OF N.W. FLORIDA, INC.

Reference Number:

P01000079125

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS; P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION