## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P01000106238 1. Entity Name 08-26-2002 90056 002 \*\*\*150.00 TWISS & TWISS, INC. Principal Place of Business Mailing Address 6642 4TH AVENUE NORTH 6642 4TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip 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 HALE, FRED H Street Address (P.O. Box Number is Not Acceptable) 5650 PARK BLVD. SUITE 1 PINELLAS PARK FL 33781-3354 City 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. Sale managements and the 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 1 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME TWISS, ERNEST P NAME 6642 4TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERBURG FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

Test P. Twiss 8-13-02 727-586-3959

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August 21,2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

REFERENCE: Twiss & Twiss, Inc.

2002 Uniform Business Report

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TO WHOM IT MAY CONCERN:

Enclosed, please find a check in the amount of \$150.00 for the annual report fee. This is the first notice I have received from your office since I incorporated in November 2001. I was completely unaware this form and fee were required by the state.

I see from my notice that the late fee can be waived if I have received no previous notice. Since I have not received a previous notice, I respectfully request the penalty be waived.

Thank you for your consideration in this matter. If you have further questions, please feel free to contact me.

Sincerely,

Ernest P. Twiss