

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90009 022 ***150.00

DOCUMENT # P01000115971

1. Entity Name

TWIN TRANSPORTATION SERVICES, INC.

Principal Place of Business

651 EAST WOOLBRIGHT RD., #E304
 BOYNTON BEACH FL 33435

Mailing Address

651 EAST WOOLBRIGHT RD., #E304
 BOYNTON BEACH FL 33435

2. Principal Place of Business

3201 FAIRHAVEN Ave

Suite, Apt. #, etc.

3. Mailing Address

3201 FAIRHAVEN Ave

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee, FL

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

4. FEI Number

65-1158493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, STEVEN W

651 EAST WOOLBRIGHT RD., #E304
 BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name ARNOLD, Steven W

Street Address (P.O. Box Number is Not Acceptable)

3201 FAIRHAVEN Ave

City

Kissimmee

FL

Zip Code

34746

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 Steven W. Arnold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 24, 2002
 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETED ROBERT W. ARNOLD
STREET ADDRESS	3201 FAIRHAVEN Ave
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT ONLY
STREET ADDRESS	MAXWELL DRIVE
CITY-ST-ZIP	7737 W. DUKE AVE GLENDALE, AZ 85303
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Steven W. Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002
 Date

(623) 261-3084
 Daytime Phone #

CR2E034 (9/01)