2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
02-27-2002 90065 019 ***150.00

DOCUMENT # P01000119224

1. Entity Name
TWISTEE TREAT, INC.

Principal Place of Business	Mailing Address
1811 TAMIAMI TRAIL PORT CHARLOTTE FL 33948	1811 TAMIAMI TRAIL PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0608757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOUNPHAKHOM, PHONEPHET 2527 BAIRD ST. PORT CHARLOTTE FL 33948	Name: Khinthavone Bounpharhom Street Address (P.O. Box Number is Not Acceptable): 1811 Tamiami Trail Port Charlotte, FL 33948 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: x Khinthavone BOUNPHAKHOM DATE: 02/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Phonepet Bounpharhom 1811 Tamiami Trail Port Charlotte, FL 33948 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Khinthavone Bounphakhom V-P 1811 Tamiami Trail Port Charlotte, FL 33948 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pomkham Bounphakhom - Sec. 1811 Tamiami Trail Port_Charlotte, FL 33948 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ 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 added, or on an attachment with an address, with all other like empowered. ☐

SIGNATURE: Khinthavone BOUNPHAKHOM 02/15/02 Khinthavone Bounphakhom 727-461-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #