2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90110 025 ***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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
210 John's Pass Boardwalk Suite, Apt. #, etc.	210 John's Pass boardwalk Suite, Apt. #, etc.
City & State: Madeira Beach Fl	City & State: Madeira Beach Fl
Zip: 33708 Country: Pinellas	Zip: 33708 Country: Pinellas

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
BOUNPHARHOM, KINTHAVONE 1811 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948	Name: Bounphakhom,Khinthavone Street Address (P.O. Box Number is Not Acceptable): 210 John's Pass Boardwalk City: Madeira Beach FL Zip Code: 33708

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.

SIGNATURE: Khinthavone Bounphakhom / KHINTHAVONE BOUNPHAKHOM / 4/11/03
Khinthavone Bounphakhom (Signature of New Registered Agent and title if applicable) Khinthavone Bounphakhom (Signature of Current Registered Agent required when changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOUNPHARHOM, PHONEPHET 1811 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOUNPHAKHOM, KHINTHAVONE 1811 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P 210 John's Pass Boardwalk Madeira Beach Fl 33708	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOUNPHAKHOM, POMKHAM 1811 TAMIAMI TRAIL PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS 210 John's Pass Boardwalk Madeira Beach Fl 33708	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Khinthavone Bounphakhom 4/11/03
Khinthavone Bounphakhom, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

727-392-6978
Telephone Number

727-392-6978