

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90105 041 ***150.00

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DOCUMENT # P02000002652

1. Entity Name
TWO TOWN STUDIOS, INC.



Principal Place of Business
**1633 EDITH ESPLANADE
CAPE CORAL FL 33904**

Mailing Address
**1633 EDITH ESPLANADE
CAPE CORAL FL 33904**



2. Principal Place of Business
**1634 SE 47th St
Suite, Apt. #, etc.
#5**

3. Mailing Address

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL
Zip
33904

City & State

Country

4. FEI Number
65-1114513

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **JAMES MARCOTTE**
Street Address (P.O. Box Number is Not Acceptable)
1633 Edith Esplanade
City **Cape Coral** FL Zip **33904**

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 **JAMES MARCOTTE** DATE **4-3-03**
(NOTE: Registered Agent signature required when reinstating)

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WALTER, VERONICA 1633 EDITH ESPLANADE CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD MARCOTTE, JAMES A 1633 EDITH ESPLANADE CAPE CORAL FL 33904 | <input type="checkbox"/> Delete |
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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: **JAMES MARCOTTE** DATE **4-3-03** DAYTIME PHONE # **239-549-9550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)