# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 27, 2003 8:00 am**
**Secretary of State**
04-29-2003 90054 033 ***150.00

4

55043634

DOCUMENT # P02000012101

1. Entity Name
TWFUTURES INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 2615 NE 49TH APT 1117<br>FORT LAUDERDALE FL 33308 | 1420 NORTH FREDRICK ST<br>ARLINGTON VA 22205 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3521 Fox Squirrel Ln | 2152 N Military Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Val Rico FL | City & State: Arlington, VA |
| Zip: 33594 Country: USA | Zip: 22207 Country: USA |

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-0036109 ☐ 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 |
|---|---|
| BUSINESS FILINGS INCORPORATED<br>1000 WEST AVENUE SUITE 1114<br>MIAMI BEACH FL 33139 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | D<br>WILSON, RYAN<br>2615 NE 49TH APT 1117<br>FORT LAUDERDALE FL 33308 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Wilson, RyAN<br>5677 South Park Place 303 D<br>Greenwood Village, CO 80111 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TESTER, DREW<br>1420 NORTH FREDRICK ST<br>ARLINGTON VA 22205 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Tester, DREW<br>2152 N Military Rd<br>Arlington, VA 22207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Mike Roberts<br>3521 Fox Squirrel Lane<br>Val Rico, FL 33594 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Mike Roberts<br>3521 Fox Squirrel Lane<br>Val Rico, FL 33594 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** SIGNATURE REQUIRED 4/27/03 703-747-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #