## 2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000043328 DOCUMENT # 05-05-2003 91765 018 \*\*\*158.75 1. Entity Name TWOMORROWS, INC. Principal Place of Business Mailing Address P.O. BOX 1446 P.O. BOX 1446 TALLEVAST FL 34270 TALLEVAST FL 34270 2. Principal Place of Business 3. Mailing Address <u>P.O. Box</u> <u> P.O. Box</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number TALLEVAS Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required MANATI 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRIS MORROW MORROW, CHRISTOPHER D 506 - 65TH AVENUE EAST **BRADENTON FL 34203** BRADENTON 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT TITLE TITLE Change ☐ Delete NAME 👍 NAME DONALD CHRIS MORROW STREET ADDRESS STREET ADDRESS 506 65 AUE. E. CITY-ST-ZIP CITY-ST-ZIP TITLE PRASIRENT **X** Addition ☐ Delete ☐ Change TITLE NAME NAME CHRISTOPHER DARREN MORROW STREET ADDRESS STREET ADDRESS 506 65 AUE.E. CITY-ST-ZIP\_ CITY-ST-ZIP 34203 BRADENTON FL TITLE ☐ Delete TITLE SECRETARY ☐ Change Addition NAME ANNE MORROW STREET ADDRESS STREET ADDRESS 506 65 AVE. E. CITY-ST-ZIP CITY-ST-ZIP 34207 BRADENTON TITLE Delete TITLE Change Addition TREASURER NAME DAVID ALLEN HARTMAN STREET ADDRESS STREET ADDRESS 1279 HIDDEN CIRCLE E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

CHRIS MORPOW

CITY-ST-ZIP 12. Thereby 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

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changed, or on an attachment with an address, with all other like empowered