## 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)							Aug 04, 2003 8:00 am		
1. Entity Nam		011	0112643				Secretary of State 08-04-2003 90148 009 ***150.00		
Principal Place of Business 6656 PONCE DE LEON BLVD N PORT FL 34286			Mailing Address 6656 PONCE DE LEON BLVD N PORT FL 34286						
2. Principal Place of Business 6616 Ponce De Leon Blvd. Suite, Apt. #, etc.			3. Mailing Address 6616 Ponce De Leon Blvd. Suite, Apt. #, etc.				-		
City & State North Port, FL			City & State North Port, FL				<b>4.</b> F	### Applied For   S1-0432043   Not Applicable	
Zip 342			34286	Count	try			Certificate of Status Desired	
6. Name and Address of Current Registered Agent  NOVIKOV, ALEX  ***S56**PONCE:*DENERON**BLV8** 6616 Ponce De Leon Blvd.  N PORT FL 34286					Name Street A	7. Name and Address of New Registered Agent  Address (P.O. Box Number is Not Acceptable)			
		the pure	page of changing ite	rogistoro	City	registere	d age	FL Zip Code ent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed hame of registered agent a PILE NOW!!! FEE IS \$150.00 FMay 1, 2003 Fee will be \$550.00	and title if app	olicable. (NOTE	E: Registered	d Agent signati	ure required v	vhen rei	Selection Campaign Financing \$5.00 May Be	
•	k Payable to Florida Department of OFFICERS AND		)RS	11.		<del></del>	ADI	Trust Fund Contribution.   Added to Fees  DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVIKOV, ALEX 6656 PONCE DE LEON BLVD N PORT FL 34286	BILLOTO	Delete	TITLE NAME STREE	ET ADDRESS	6616	cov , Por	, Alex nce De Leon Blvd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delete		E VP  ME Peter EET ADDRESS 6616		No Por	□ Change X Addition ovikov  nce De Leon Blvd. ort, FL 34286	
TITLE Namé Street address City-St-Zip			Delete	STRE	ET ADDRESS ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			,		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change ☐ Addition	
TITLE			Delete	TITLE		l		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

(941) 223-6873

Daytime Phone #

80135675 PO2000112643

Wills, Trusts & Estate Planning

Estate Administration

Corporation & Business Law

Law Offices

ANDREW J. BRITTON, P.A.

151 Center Road Venice, FL 34285 Telephone (941) 408-8008

Telecopier (941) 408-0722

August 1, 2003

Corporate Records
Division of Corporations
Department of State
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Twins Carpentry, Inc.

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00, along with a completed Uniform Business Report for 2003, for the above-referenced corporation.

The above-referenced corporation is requesting that the late fee be waived since the registered agent did not receive the report in a timely manner. The report was placed in a neighbor's mail box in error.

Thank you for your consideration in this matter.

Very truly yours,

Andrew J. Britton

·AJB/bk ·Enclosures

cc: Alex Novikov

a:corp.lts\file.annual