

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014094

1. Entity Name

TWOBROS, INC.

Principal Place of Business

4310 PABLO OAKS CT.  
JACKSONVILLE FL 32224  
US

Mailing Address

P.O. BOX 19366  
JACKSONVILLE FL 32245-9366  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKELTON, H.J.  
4310 PABLO OAKS CT.  
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DAVIS, ROBERT D  
4310 PABLO OAKS CT.  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
DAVIS, LEE W  
ONE RIVERFRONT PLAZA SUITE 1404  
LOUISVILLE KY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
ONE RIVERFRONT PLAZA SUITE 1810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPT  
SKELTON, H.J.  
4310 PABLO OAKS CT.  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
FRANCIS, H. D  
4310 PABLO OAKS CT.  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
THORNE, SUSAN C.  
4310 PABLO OAKS CT.  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
CLOWE, D.C.  
4310 PABLO OAKS CT.  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

Susan C. Thorne

1-17-00

904/223-7480

Date

Daytime Phone #

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90011 024 \*\*\*150.00

00017127



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3225033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required