

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91049 034 \*\*\*150.00

0036129 AV

**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

4. FEI Number **59-3225033**

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

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. 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	DP	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT D	
STREET ADDRESS	4310 PABLO OAKS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DAVIS, LEE W	
STREET ADDRESS	ONE RIVERFRONT PLAZA SUITE 1810	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	SKELTON, H.J.	
STREET ADDRESS	4310 PABLO OAKS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	FRANCIS, H. D	
STREET ADDRESS	4310 PABLO OAKS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THORNE, SUSAN C.	
STREET ADDRESS	4310 PABLO OAKS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	CLOWE, D.C.	
STREET ADDRESS	4310 PABLO OAKS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	32224-9631	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 WEST MAIN STREET, SUITE 1810	
CITY-ST-ZIP	LOUISVILLE, KY 40202	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	32224-9631	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	32224-9631	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	32224-9631	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	32224-9631	
CITY-ST-ZIP		

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:** *Susan C. Thorne* **SUSAN C. THORNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 17, 2003 904/223-7480**

Date

Daytime Phone #

CR2E034 (10/02)