

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90159 012 ***550.00

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DOCUMENT # P95000035935

1. Entity Name
TWOMTGS, INC.



Principal Place of Business
**1000 W. 11TH STREET
PANAMA CITY FL 32402**

Mailing Address
**1000 W. 11TH STREET
PANAMA CITY FL 32402**



2. Principal Place of Business
Rt. 10 Box 861
Suite, Apt. #, etc.

3. Mailing Address
Rt. 10 Box 861
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY FL
Zip
32025

City & State
LAKE CITY FL
Zip
32025

4. FEI Number
59-3304212

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETERS, ALVIN L
36 OAK AVENUE
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE	T	<input type="checkbox"/> Delete
NAME	SCOFIELD, ROYCE	
STREET ADDRESS	2672 FEROL LANE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRANTHAM, GREGORY	
STREET ADDRESS	340 W 23RD ST	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAJMAJER, WALTER	
STREET ADDRESS	PO BOX 9805 N/A	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32417	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASSINGILL, SHARON	
STREET ADDRESS	RT. 10, BOX 861	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	26757 CASH COURT	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Sharon Massingill* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

Date

3869619760

Daytime Phone #

CR2E034 (4/03)