

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037331

1. Entity Name

TWICE AS NICE, HOME IMPROVEMENTS COMPANY

Principal Place of Business

1408 PINE RIDGE ROAD
NAPLES FL 33940

Mailing Address

1408 PINE RIDGE ROAD
NAPLES FL 34108-8911

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SCHMIDT, TRACI M
6480 SABLE RIDGE LANE
NAPLES FL 33999

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, MICHAEL C	
STREET ADDRESS	6480 SABLE RIDGE LANE	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHMIDT, CHERYL A	
STREET ADDRESS	6480 SABLE RIDGE LANE	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	William Collins	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Collins	
STREET ADDRESS	2669 Davis Blvd	
CITY-ST-ZIP	Naples, FL 34112	
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 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		

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:

Michael C. Schmidt

3-28-00

Date

941-643-2600

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0581027

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required