

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91072 001 ***300.00

0502899 AV

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 33940**

2. Principal Place of Business

67 PELICAN ST WEST

Suite, Apt. #, etc.

3. Mailing Address

67 PELICAN ST WEST

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip
34113

Country

Collier

City & State

NAPLES FL

Zip
34113

Country

Collier

4. FEI Number

65-0581027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SCHMIDT, TRACI M

**6480 SABLE RIDGE LANE
 NAPLES FL 33999**

CHANGE →

7. Name and Address of New Registered Agent

Name

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

67 PELICAN ST WEST

City **NAPLES**

FL

Zip Code

34113

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, MICHAEL C 6480 SABLE RIDGE LANE NAPLES FL 33999 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHMIDT, CHERYL A 6480 SABLE RIDGE LANE NAPLES FL 33999 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLINS, WILLIAM 2669 DAVIS BLVD NAPLES FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 67 PELICAN ST WEST NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 67 PELICAN ST WEST NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MICHAEL C SCHMIDT
Michael C Schmidt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02 941-389-9242

Date

Daytime Phone #

941-648-2600

CR2E034 (9/01)