

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044524

1. Entity Name

TWILIGHT GROUP, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90419 026 ***150.00

Principal Place of Business

Mailing Address

50 CONRAD HILLS ROAD
 HAVANA FL 32333

50 CONRAD HILLS ROAD
 HAVANA FL 32333-3851

2. Principal Place of Business

474 Conrad Hills Rd

3. Mailing Address

474 Conrad Hills Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana FL

City & State

Havana FL

4. FEI Number

59-3225377

Applied For

Not Applicable

Zip

32333

Country

Zip

32333

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, DEAN W
 50 CONRAD HILLS ROAD
 HAVANA FL 32333

address change only

Name

Dean W. Gallagher

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

474 Conrad Hills Rd

City

Havana

FL

Zip Code

32333

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 ☐ Delete
 NAME PMD
 STREET ADDRESS GALLAGHER, DEAN W
 CITY-ST-ZIP 50 CONRAD HILLS RD.
 HAVANA FL 32333

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 474 Conrad Hills Rd
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME TS
 STREET ADDRESS GALLAGHER, ERIN S
 CITY-ST-ZIP 50 CONRAD HILLS RD.
 HAVANA FL 32333

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 474 Conrad Hills Rd
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KLEIN, KEVIN N
 CITY-ST-ZIP 29 FOXBORO
 SEARCY AR 72143

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KLEIN, LORI K
 CITY-ST-ZIP 29 FOXBORO
 SEARCY AR 72143

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GROSS, ERIC L
 CITY-ST-ZIP 424 SE 10TH ST
 TROUTDALE OR 97060

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GROSS, LINDA R
 CITY-ST-ZIP 424 SE 10TH ST
 TROUTDALE OR 97060

TITLE ☐ Change ☐ 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:

Signature of Dean W. Gallagher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

850-539-3558
 Daytime Phone #

CR2E034 (9/99)