

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000044524**1. Entity Name
TWILIGHT GROUP, INC.

Principal Place of Business

474 CONRAD HILLS RD

HAVANA
32333

FL

Mailing Address

474 CONRAD HILLS RD

HAVANA
32333

FL

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

59-3225377

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

GALLAGHER DEAN W
474 CONRAD HILLS RDHAVANA
32333

FL

US

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)

04/30/2001

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, 2001 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 D ☐ Delete
NAME GROSS LINDA R
STREET ADDRESS 424 SE 10TH ST
CITY-ST-ZIP TROUTDALE OR 97060TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GROSS ERIC L
STREET ADDRESS 424 SE 10TH ST
CITY-ST-ZIP TROUTDALE OR 97060TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME KLEIN LORI K
STREET ADDRESS 29 FOXBORO
CITY-ST-ZIP SEARCY AR 72143TITLE ☒ Change ☐ Addition
NAME KLEIN LORI K
STREET ADDRESS 2311 PIONEER RD
CITY-ST-ZIP SEARCY AR 72143TITLE D ☐ Delete
NAME KLEIN KEVIN N
STREET ADDRESS 29 FOXBORO
CITY-ST-ZIP SEARCY AR 72143TITLE ☒ Change ☐ Addition
NAME KLEIN KEVIN N
STREET ADDRESS 2311 PIONEER RD
CITY-ST-ZIP SEARCY AR 72143TITLE TS ☐ Delete
NAME GALLAGHER ERIN S
STREET ADDRESS 474 CONRAD HILLS RD
CITY-ST-ZIP HAVANA FL 32333TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PMD ☐ Delete
NAME GALLAGHER DEAN W
STREET ADDRESS 474 CONRAD HILLS RD
CITY-ST-ZIP HAVANA FL 32333TITLE ☐ 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: ERIN S GALLAGHER

TS

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)