

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90045 020 ***150.00

DOCUMENT # P95000082169

1. Entity Name
TWO WIZARDS DESIGN, INC.

Principal Place of Business
376 WOOD DALE DR.
WEST PALM BEACH FL 33414

Mailing Address
376 WOOD DALE DR.
WEST PALM BEACH FL 33414

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 **65-0624334**

Applied For
 Not Applicable

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

GARZIONE, BRIAN
376 WOOD DALE DR.
WEST PALM BEACH FL 33414

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARZIONE, BRIAN	
STREET ADDRESS	376 WOOD DALE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PHYLLIS MANN	
STREET ADDRESS	376 WOOD DALE DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JO ANN EARZIONE	
STREET ADDRESS	376 WOOD DALE DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GORDON A. MANN	
STREET ADDRESS	376 WOOD DALE DR	
CITY-ST-ZIP	WELLINGTON FL	
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"/> Change <input type="checkbox"/> Addition
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

561-790-4183

Date

Daytime Phone #

CR2E034 (9/01)