

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90980 039 ***150.00

0494348 AV

DOCUMENT # P95000083232

1. Entity Name
TWO JOE'S, INC.

Principal Place of Business
~~10137 S. TAMiami TRAIL~~
~~FT. MYERS FL 33900~~
~~US~~

Mailing Address
 7598 MORGAN RD
 FT. MYERS FL 33912
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3465 BONITA BEACH RD
 Suite, Apt. #, etc.
 20, 21, 22
 City & State
 Bonita Springs FL
 Zip
 34134
 Country
 US

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

4. FEI Number 65-0628225
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WALKER, PETER F
 7598 MORGAN RD
 FT MYERS FL 33912

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 _____ (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	VD; WALKER, PETER F 10133 S. TAMiami TRAIL FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, JOAN M 10133 S. TAMiami TRAIL FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JOSEPH P 10133 S. TAMiami TRAIL FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, CARLA 10133 S. TAMiami TRAIL FT. MYERS FL	<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	3465 Bonita Beach Rd BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3465 Bonita Beach Rd Bonita Springs FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3465 Bonita Beach Rd Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joan M Walker Joan M. Walker 3/25/02 231-590-0179
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec/Treas Date Daytime Phone #

CR2E034 (9/01)