

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90005 037 \*\*\*150.00

**DOCUMENT # P95000083275**

1. Entity Name

**TWO CC'S INC**

Principal Place of Business

**6880 HWY 87 N.  
MILTON FL 32570**

Mailing Address

**P.O. BOX 314  
MILTON FL 32572-0314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3340596**Applied For  
Not Applicable5. 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

**BAKER, SANDRA  
6519 ARLINGWOOD DRIVE  
MILTON FL 32570**

Name

**Sandra Baker**  
Street Address (P.O. Box Number is Not Acceptable)**6305 Foxglove Rd.  
Milton, Fl. 32570**

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)

**SANDRA BAKER****VP**DATE **01/30/00**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

TITLE **VP** ☐ Delete  
NAME **BAKER, SANDRA**  
STREET ADDRESS **6519 ARLINGWOOD DRIVE**  
CITY-ST-ZIP **MILTON FL 32570**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME **VP**  
STREET ADDRESS **BAKER, SANDRA**  
CITY-ST-ZIP **6305 FOXGLOVE RD.  
MILTON, FL. 32570**TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME **P**  
STREET ADDRESS **BAKER, JOSEPH**  
CITY-ST-ZIP **4506 LAKEVIEW DR.  
MILTON, FL. 32583**TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME **S**  
STREET ADDRESS **BAKER, HOLLY**  
CITY-ST-ZIP **4506 LAKEVIEW DR.  
MILTON, FL. 32583**TITLE ☐ Change ☐ Add  
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

Date

Daytime Phone #

**850-626-63**