

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016221

1. Entity Name

BROTHERS TWO HOLDING COMPANY

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90030 020 ***150.00

Principal Place of Business

Mailing Address

~~3201 HWY 27 SOUTH~~
P O BOX 1824
SEBRING FL 33871

~~3201 HWY 27 SOUTH~~
P O BOX 1824
SEBRING FL 33871

2. Principal Place of Business

2557 US 27 SOUTH

3. Mailing Address

P.O. BOX 1824

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING

City & State

SEBRING, FL

Zip

Country

Zip

Country

33871



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0649865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, JAMES L
445 S COMMERCE AVE
SEBRING FL 33870

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)

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
NAME: BLACKMAN, J. TIMOTHY
STREET ADDRESS: 3201 HWY 27 SOUTH
CITY-ST-ZIP: SEBRING FL 33871 ☐ Delete

TITLE: D
NAME: BLACKMAN, J. TIMOTHY
STREET ADDRESS: 2557 US HWY 27 SOUTH
CITY-ST-ZIP: SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE: D
NAME: BLACKMAN, MARTILE
STREET ADDRESS: 3201 HWY 27 SOUTH
CITY-ST-ZIP: SEBRING FL 33871 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete ☐ Addition

TITLE: D
NAME: BLACKMAN, GARY
STREET ADDRESS: 3201 HWY 27 SOUTH
CITY-ST-ZIP: SEBRING FL 33871 ☐ Delete

TITLE: D
NAME: BLACKMAN, GARY
STREET ADDRESS: 2557 US HWY 27 SOUTH
CITY-ST-ZIP: SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

1-15-01

Daytime Phone #

863-471-2240

CR2E034 (10/00)