2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000038951**

1. Entity Name
TWIN CITIES YELLOW PAGES, INC.

Principal Place of Business	Mailing Address
212 YACHT CLUB DR NICEVILLE FL 32578 US	212 YACHT CLUB DR NICEVILLE FL 32578 US

2. Principal Place of Business	3. Mailing Address
P.O. BOX 951944	P.O. BOX 951944
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY FL	City & State: LAKE MARY FL
Zip: 32795 Country: US	Zip: 32795 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3376536** ☐ 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
NIELSEN HAROLD G 212 YACHT CLUB DR NICEVILLE FL 32578 US	Name: NIELSEN RICHARD A Street Address (P.O. Box Number is Not Acceptable): 2618 AMAYA TERRACE City: LAKE MARY FL Zip Code: 32746

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 **RICHARD A. NIELSEN** 04/30/2001
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 NAME STREET ADDRESS CITY-ST-ZIP	D NIELSON ARMINDA F 212 YACHT CLUB DR NICEVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE KEVIN T 9101 SUMMIT CENTRE WAY, #7208 ORLANDO FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN HAROLD G 212 YACHT CLUB DR NICEVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN RICHARD A 2618 AMAYA TERRACE LAKE MARY FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: RICHARD NIELSEN D 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #