

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT.(UBR)**

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90093 001 \*\*\*150.00

DOCUMENT # **P96000038951**

1. Entity Name

**TWIN CITIES YELLOW PAGES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**212 YACHT CLUB DR.**

Suite, Apt. #, etc.

3. Mailing Address

**212 YACHT CLUB DR.**

Suite, Apt. #, etc.

**154**

DO NOT WRITE IN THIS SPACE

City & State

**NICEVILLE, FL.**

City & State

**NICEVILLE, FL.**

4. FEI Number

**59-3376536**

Applied For

Not Applicable

Zip

**32578**

Country

**U.S.**

Zip

**32578**

Country

**U.S.**

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

7. Name and Address of Current Registered Agent

Name

**HAROLD G. NIELSEN**

Street Address (P.O. Box Number is Not Acceptable)

**212 YACHT CLUB DRIVE**

City

**NICEVILLE**

**FL**

Zip Code

**32578**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>DIRECTOR NIELSEN, HAROLD G. 212 YACHT CLUB DR. NICEVILLE, FL. 32578</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR NIELSEN, ARMINDA F. 212 YACHT CLUB DR. NICEVILLE, FL. 32578</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **HAROLD G. NIELSEN** 8/4/02 850 897 4825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

To Whome IT MAY CONCERN

Attachment

97349.9

P96 000038957

I DID NOT RECEIVE A NOTICE AS IN PRIOR YEARS AND  
HAVE BEEN OUT OF COUNTRY SINCE APRIL - I  
REQUESTED THIS REPORT WHEN I RETURNED - THANK YOU

Harold E. Nielsen

Harold Nielsen  
212 Yacht Club Dr  
Niceville FL 32578

8508974825

Request taken by: kwhited  
07-31-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314