

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90364 035 ***150.00

DOCUMENT # P96000046039

1. Entity Name
TWIN TREE SERVICE, INC.

Principal Place of Business
6489 N.W. 80TH TERRACE
PARKLAND FL 33067

Mailing Address
6489 N.W. 80TH TERRACE
PARKLAND FL 33067

2. Principal Place of Business

11450 NW 56 Dr. (Apt 110)

Suite, Apt. #, etc.

Apt. 110

City & State

Coral Springs

Zip

33076

Country

USA

3. Mailing Address

11450 NW 56 Dr.

Suite, Apt. #, etc.

Apt. 110

City & State

Coral Springs

Zip

33076

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679877

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORALE, KEITH
6489 N.W. 80TH TERRACE
PAKRLAND FL 33067

7. Name and Address of New Registered Agent

Name

Moale Keith

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

11450 NW 56 Dr. Apt. 110

City

Coral Springs

FL

Zip Code

33076

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.

SIGNATURE

Keith V Moale

4-10-02

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, 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 **D** ☐ Delete
NAME **MOALE, KEITH**
STREET ADDRESS **6489 N.W. 80TH TERRACE**
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **MOALE, KEITH**
STREET ADDRESS **11450 NW 56 Dr. Apt. 110**
CITY-ST-ZIP **Coral Springs, FL 33076**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Keith V Moale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02

Date

954-298-8733

Daytime Phone #

0188551 AV

CR2E034 (9/01)