## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P96000073924 TWOCO, INC. 04-03-2001 90115 014 \*\*\*150.00 Principal Place of Business Mailing Address 24600 TAMIAMI TRAIL 24600 \$ TAMIAMI TRAIL ODDATION SUITE 200 200 **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3408028 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COREY, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 3678 OLDE COTTAGE LN --**BONITA SPRINGS FL 34134** City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE Change Addition TITLE COREY, JUDITH L NAME : NAME 3678 OLDE COTTAGE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITLE COREY, LORA M NAME NAME 3678 OLDE COTTAGE LN STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE COREY, GEORGE A NAME NAME 3678 OLDE COTTAGE LN STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY - ST- 7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE DUETEMEYER, CHRISTOPHER .... NAME NAME 24600 S. TAMIAMI TRL STREET ADDRESS STREET ADORESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier mind 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 of 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 attactument with an address, with all other like empowered.

SIGNATURE:

changed, or on an attackment with an address, with all other like

CER OR DIRECTOR