

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

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90562 022 ***150.00

DOCUMENT # **796000099079**

1. Entity Name **Two Family's Inc.**

DO NOT WRITE IN THIS SPACE

B0127025

2. Principal Place of Business
6070 Oakhurst dr.
Suite, Apt. #, etc.

3. Mailing Address
6070 Oakhurst dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Seminole, FL.
Zip
33772
Country
USA

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4. FEI Number **593413408**

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Ron Ciovacco**

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

6070 Oakhurst drive

City **Seminole**

FL

Zip Code **33772**

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
**President
Ron Ciovacco
6070 Oakhurst drive
Seminole, FL. 33772**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Ciovacco, pres. 6/24/02 727-417-2368

Date

Daytime Phone #

CR2E034B (12/01)

June 26, 2002

Dear Sirs or Madams:

Attachment
ID# P9600009079

... Please find enclosed a check for
\$ 150.⁰⁰

The corporate officer never received
the annual report form for 2002.
We downloaded the form off the internet
and per instructions from the
Division of Corporations enclosed the
fee of 150.⁰⁰

Thank You for Your Assistance,

Ron Ciorace, pres.
Two Family's Inc.