

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90100 037 ***150.00

DOCUMENT # P97000021922

1. Corporation Name

For Two Dollars More, Inc. ✓

Principal Place of Business

711 Duval Street
Key West, FL. 33040

Mailing Address

410 Brooklyn Boys
610 Green Street
Key West, FL. 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26

27

28

29

30

4. FEI Number

65-0727539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒

Yes

☐ No

9. Name and Address of Current Registered Agent

SALVATORE RAPISARDI
610 GREEN STREET
Key West, FL. 33040

10. Name and Address of New Registered Agent

81 Name

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

1706 Patricia Street

83

84

Key West

FL

85

Zip Code
33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/S/D	SALVATORE RAPISARDI	610 GREEN ST.	Key West, FL. 33040	<input type="checkbox"/> DELETE											
T/D	MARVIN GORMAN	419 WILLIAM ST.	Key West, FL. 33040	<input checked="" type="checkbox"/> DELETE											
L/D	MARK BARAUCK	737 WASHINGTON ST.	Key West, FL. 33040	<input checked="" type="checkbox"/> DELETE											
				<input type="checkbox"/> DELETE											
				<input type="checkbox"/> DELETE											
				<input type="checkbox"/> DELETE											

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
P/S/D	SALVATORE RAPISARDI	1706 PATRICIA ST.	Key West, FL. 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Marvin Gorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-25-00
Daytime Phone # 305-294 9779

CR2E034 (11/98)