

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90550 020 ***150.00

DOCUMENT # P97000054936

1. Entity Name

TWIN PEAK MANAGEMENT, INC.

Principal Place of Business

**1350 SE 3RD AVE
 404
 DANIA FL 33004
 US**

Mailing Address

**1350 SE 3RD AVE
 404
 DANIA FL 33004
 US**

2. Principal Place of Business

3969 SW 56th Trail

Suite, Apt. #, etc.

Trenton, FL

3. Mailing Address

3969 SW 56th Trail

Suite, Apt. #, etc.

Trenton, FL

City & State

32693

City & State

32693

Zip

32693

Country

USA

Zip

32693

Country

USA

4. FEI Number

65-0764452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INGRAM, ALISON

**1350 SE 3RD AVE 404
 DANIA FL 33004**

7. Name and Address of New Registered Agent

Name

Alison Ingram

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

3969 SW 56th Trail

City

Trenton

FL

Zip Code

32693

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

Alison Ingram 4/23/02

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	PD	<input type="checkbox"/> Delete
NAME	INGRAM, ALISON	
STREET ADDRESS	1350 SE 3RD AVE 404	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	INGRAM, MICHAEL	
STREET ADDRESS	1350 SE 3RD AVE 404	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3969 SW 56 th Trail	
CITY-ST-ZIP	Trenton FL 32693	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3969 SW 56 th Trail	
CITY-ST-ZIP	Trenton FL 32693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alison Ingram President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alison Ingram 4/23/02
 Date

786 506 1611
 Daytime Phone #

CR2E034-(9/01)