

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078128

1. Entity Name

PARTNERS IN TWINE, INC.

Principal Place of Business

12406 N 28 STREET
TAMPA FL 33612

Mailing Address

12406 N 28 STREET
TAMPA FL 33612-4709

2. Principal Place of Business

15541 Woodway Dr

Suite, Apt. #, etc.

3. Mailing Address

15541 Woodway Dr

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

Country

33613

USA

Zip

Country

33613

USA

6. Name and Address of Current Registered Agent

STEPHENS, ROBERT D SR
12406 N 28 STREET
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

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

15541 Woodway Dr

City

Tampa

FL

Zip Code

33613

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	STEPHENS, ROBERT D SR	
STREET ADDRESS	12406 N 28 STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FEWER-STEPHENS, IRIS E	
STREET ADDRESS	12406 N 28 STREET	
CITY-ST-ZIP	TAMPA FL 33612	
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	OK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
STREET ADDRESS	15541 Woodway Dr	
CITY-ST-ZIP	Tampa FL 33613	
TITLE	OK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
STREET ADDRESS	15541 Woodway Dr	
CITY-ST-ZIP	Tampa FL 33613	
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: IRIS E Fewer-Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRIS E Fewer-Stephens

Date

3/14/00

Daytime Phone #

813 908-2905



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90041 034 ***150.00