

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089828

1. Entity Name

TWINKLES, INC.

Principal Place of Business

48 SE OSCEOLA ST  
STUART FL 34994  
US

Mailing Address

1108 SW LYWOOD LANE  
PALM CITY FL 34990  
US

2. Principal Place of Business

613 Colorado Ave.

Suite, Apt. #, etc.

3. Mailing Address

613 Colorado Ave.

Suite, Apt. #, etc.

City & State

Stuart FL.

City & State

Stuart, FL.

Zip

34994

Country

USA

Zip

34994

Country

USA.

6. Name and Address of Current Registered Agent

CLINGAN, DIANE L  
1108 S.W. LYWOOD LANE  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name DIANE L. CLINGAN

Street Address (P.O. Box Number is Not Acceptable)  
5178 S.W. Orchid Bay Drive

City

St Palm City

FL

Zip Code

34990

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 Diane L. Clingan

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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 P ☐ Delete  
NAME CLINGAN, DIANE L  
STREET ADDRESS 1108 S.W. LYWOOD LANE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VP ☐ Delete  
NAME COLLIER, CHRISTINE L  
STREET ADDRESS 3554 S.W. CANOE PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Diane L. Clingan, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

561-223-1513  
Daytime Phone #

0437711

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE