

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90946 022 ***150.00

DOCUMENT # P97000100985

1. Entity Name

TWIN STATE, INC.

Principal Place of Business

**4410 NORTH LOIS ST.
TAMPA FL 33614**

Mailing Address

**4410 NORTH LOIS ST.
TAMPA FL 33614**

2. Principal Place of Business

8705 Thornwood Lane

3. Mailing Address

P.O. BOX 260292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL 33685-0292

4. FEI Number

59-3521074

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33685-0292

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PISTORIUS, BRANDO H

4410 N. LOIS ST.

TAMPA FL 33614

**8705 Thornwood Ln
Tampa, FL 33615**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

V.P.

4/17/01

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, 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 ☐ Delete
NAME **P**
STREET ADDRESS **VAN DEN BERG, ANTON**
CITY-ST-ZIP **Y410 NORTH LOIS ST.
TAMPA FL 33614**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PISTORIUS, BRANDO**
CITY-ST-ZIP **4410 N. LOIS ST.
TAMPA FL 33616**

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 **P**
STREET ADDRESS **Van den Berg, Anton**
CITY-ST-ZIP **8705 Thornwood Ln
Tampa, FL 33615**

TITLE ☐ Change ☐ Addition
NAME **V**
STREET ADDRESS **PISTORIUS, BRANDO**
CITY-ST-ZIP **8705 Thornwood Ln
Tampa, FL 33615**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 8809580

0347454

CR2E034 (10/00)