

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90174 039 \*\*\*150.00

0586280 AV

**DOCUMENT # P98000035085**

1. Entity Name

**TWISTED SISTERS INCORPORATED**



Principal Place of Business

**CLOVER PLACE  
3293 TAMPA RD  
PALM HARBOR FL 34684  
US**

Mailing Address

**CLOVER PLACE  
3293 TAMPA RD  
PALM HARBOR FL 34684  
US**

10017011



2. Principal Place of Business

**2560 McMULLEN BOOTH RD  
Suite, Apt. #, etc.**

3. Mailing Address

**2560 McMULLEN BOOTH RD  
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

**CLEARWATER, FL**

City & State

**CLEARWATER, FL**

4. FEI Number

**59-3521727**

Applied For

Not Applicable

Zip

**33761**

Country

Zip

**33761**

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LANDON, SANDRA S  
2827 COUNTRY WOODS LANE  
PALM HARBOR FL 34683**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sandra Landon*

**1/23/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **LANDON, SANDRA S**  
STREET ADDRESS **2827 COUNTRY WOODS LANE**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **VP** ☐ Delete  
NAME **WHITNEY, MICHELE K**  
STREET ADDRESS **9545 135 STREET NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33776**

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

11. 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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sandra Landon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)