

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000058496**

1. Entity Name

TTWTWTH, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90086 031 ***150.00

Principal Place of Business

**10038 SW 56TH ST
COOPER CITY FL 33328**

Mailing Address

**10038 SW 56TH ST
COOPER CITY FL 33328-6528**

2. Principal Place of Business

5921 ANGLERS

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUD. FL

City & State

4. FEI Number **65-0848727**☒ Applied For
☐ Not Applied For

Zip

33312

Country

US

Zip

33312

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIXON, JUDITH
10038 SW 56TH ST
COOPER CITY FL 33328**

7. Name and Address of New Registered Agent

Name

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

5921 ANGLERS

City

FT. LAUD.**FL**Zip Code **33312**

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)

Jan 6, 00

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	D	<input type="checkbox"/> Delete
NAME	DIXON, JUDITH	
STREET ADDRESS	10038 SW 56TH ST	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CEPEK, THOMAS	
STREET ADDRESS	10038 SW 56TH ST	
CITY-ST-ZIP	COOPER CITY FL 33328	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 6, 00

Daytime Phone #

954-962-8228