

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066075

1. Entity Name

TWO TIME TACK & FEED, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90044 008 ***150.00

Principal Place of Business

7420 ROSCO AVE.
 JACKSONVILLE FL 32256

Mailing Address

P.O. BOX 57312
 JACKSONVILLE FL 32241-7312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2185702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIMATTIA, PHILIP A
 12121-A PHILIPS HWY
 JACKSONVILLE BEACH FL 32250

Name

D. MATTIA P.

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

12867 ATTRILL RD.

City

JACKSONVILLE FL

Zip Code

32258

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDER, ALMA	NAME	
STREET ADDRESS	10 1/2 N. WILDERNESS	STREET ADDRESS	
CITY-ST-ZIP	ST. JOHNS FL 32082	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDER, LUKE	NAME	
STREET ADDRESS	10 1/2 N. WILDERNESS	STREET ADDRESS	
CITY-ST-ZIP	ST. JOHNS FL 32082	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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
 furnished 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
 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
 with an address, with all other like empowered.

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 *904-288-8816*
 Date Daytime Phone #

CR2E034 (9/99)