2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91163 018 ***150.00

DOCUMENT # P98000066075

1. Entity Name
TWO TIME TACK & FEED, INC.

Principal Place of Business
7420 ROSCO AVE
JACKSONVILLE FL 32256

Mailing Address
~~P.O. BOX 37912~~
~~JACKSONVILLE FL 32241-7912~~
7420 Rosco Ave
Jacksonville Fl 32256

770984

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc.
City & State
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

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

7. Name and Address of New Registered Agent
Name DiMattia P
Street Address (P.O. Box Number is Not Acceptable) 12887 Atterill 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]
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
4/05/01
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, 00 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	SCHNEIDER, ALMA	
STREET ADDRESS	10 1/2 N. WILDERNESS	
CITY-ST-ZIP	ST. JOHNS FL 32082	
TITLE	VP	☐ Delete
NAME	SCHNEIDER, LUKE	
STREET ADDRESS	10 1/2 N. WILDERNESS	
CITY-ST-ZIP	ST. JOHNS FL 32082	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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] 4/05/01 904-288-8871