

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90790 037 ***150.00

DOCUMENT # P98000077423

1. Entity Name
TWO & FOUR, INC.



Principal Place of Business
**2057 TAFT ST.
HOLLYWOOD FL 33020
US**

Mailing Address
**2057 TAFT ST.
HOLLYWOOD FL 33020
US**

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 **65-0864072**

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

**BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD FL 33020**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGS, LESTER C		NAME		
STREET ADDRESS	4190 S.W. 75TH CIRCLE EAST		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUTCHISON, LORA J		NAME		
STREET ADDRESS	705 EAST GREEN LANE		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK GA 30189		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNTON, DEBORAH K		NAME		
STREET ADDRESS	4151 S.W. 75TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGS, HAMILTON D		NAME		
STREET ADDRESS	2301 LEE STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, NANCY A		NAME		
STREET ADDRESS	P.S.C. 41 BOX 45		STREET ADDRESS		
CITY-ST-ZIP	APO AE 09464		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, KIMBERLY S		NAME		
STREET ADDRESS	ROUTE 5B BOX 669		STREET ADDRESS		
CITY-ST-ZIP	HINDERSONVILLE NC 28792		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: *Lester C Boggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 **954-923-3440**
Date Daytime Phone #

CR2E034 (10/02)