

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017222

1. Entity Name

TWL PROPERTIES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90057 025 \*\*\*150.00

Principal Place of Business Mailing Address  
8001 SOUTH ORANGE BLOSSOM TRAIL #696 8001 SOUTH ORANGE BLOSSOM TRAIL #696  
ORLANDO FL 32809 ORLANDO FL 32809-9135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
SEBASTIAN EXEC BLDG A-4 Sebastian Exec Bldg A-4  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
1623 US Hwy 1 1623 US Hwy 1  
City & State City & State  
Sebastian FL 32958 SEBASTIAN FL 32958  
Zip Country Zip Country

4. FEI Number Applied For  
65-0898294 Not Applicable

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

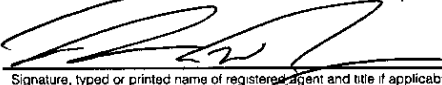
## 6. Name and Address of Current Registered Agent

DOUGHERTY, TOM K  
735 ALMOND ST. STE. A  
CLERMONT FL 34711

## 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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 5-1-00

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

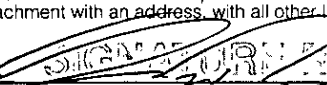
## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
STP	LYONS, THOMAS W	8001 SOUTH ORANGE BLOSSOM TRAIL #696	ORLANDO FL 32809	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	LYONS, THOMAS W.	Sebastian Executive Bldg A-4	1623 US HWY 1 Sebastian FL 32958	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas W. Lyons

April 30 2000 561-581-2816  
Date Daytime Phone #

CR2E034 (9/99)