

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 009 ***550.00

DOCUMENT # P99000017222

1. Entity Name
TWL PROPERTIES, INC.

Principal Place of Business
SEBASTIAN EXEC BLDG MA-4
1623 US HWY 1
SEBASTIAN FL 32958

Mailing Address
SEBASTIAN EXEC BLDG MA-4
1623 US HWY 1
SEBASTIAN FL 32958

80130642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0898294**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STP
LYONS, THOMAS W ☐ Delete
8001 SOUTH ORANGE BLOSSOM TRAIL #696
ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STP ☒ Change ☐ Addition
Lyons, Thomas W.
1623 US Hwy 1 Suite A4
Sebastian, FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (4/02)

attachment
#P01000020771
60130041

GLOBAL THERAPY INSTITUTE

489 Hialeah Drive, Suite 6
Hialeah, FL 33010

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Global Therapy Institute, Inc. Doc#P01000020771

~~To Whom It May Concern:~~

Enclosed, please find my 2002 uniform business report (UBR). According to the information contained in the packet received, the filing fee is \$550.00. Please be advised that this is the first packet that I have received during this year. I have not received the first packet, indicating a filing fee of \$150.00.

Also enclosed, is my check for \$150.00 to cover the UBR filing for 2002. I would ask that you accept this payment, due to the fact that I did not receive prior notification for my 2002 UBR filing.

If you have any questions, or should there be any issues, please contact me at the address indicated above.

Sincerely,



Saverio Cusumano
President