

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000027027

1. Entity Name
 TWIIN INFORMATION & TECHNOLOGY SERVICES CORPORATION

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|---|---|
| Principal Place of Business 1843 OSMAN AVE ORLANDO FL 32806 | Mailing Address 1843 OSMAN AVE ORLANDO FL 32806 |
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|---|---|
| 2. Principal Place of Business 2111 EAST MICHIGAN STREET | 3. Mailing Address 2111 EAST MICHIGAN STREET |
| Suite, Apt. #, etc. SUITE 204 | Suite, Apt. #, etc. SUITE 204 |

DO NOT WRITE IN THIS SPACE

| | | | | |
|----------------------------|----------------------------|------------------------------------|---|---|
| City & State ORLANDO FL | City & State ORLANDO FL | 4. FEI Number 59-3570000 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 32806 | Country | Zip 32806 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent WALSTON JACK LJR 1843 OSMAN AVE ORLANDO FL 32806 | | 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 **JACK L WALSTON JR** DATE **09/06/2000**
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 | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO WALSTON, JR. JACK LMR. 1843 OSMAN AVENUE ORLANDO FL 32806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | T.TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: JACK L WALSTON JR CEO 09/06/2000