

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90017 039 \*\*\*150.00

0483596

**DOCUMENT # P99000060292**

1. Entity Name

**TWILIGHT ENTERTAINMENT GROUP, INC.**

Principal Place of Business

4501 VINELAND ROAD  
SUITE ~~106-107~~ **104 only**  
ORLANDO FL 32811

Mailing Address

POST OFFICE BOX 617101  
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 104**

Suite, Apt. #, etc.

City & State

**ORLANDO FL 32811**

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3586392**

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

GLADYS, BARRY J  
4501 VINELAND ROAD  
SUITE ~~106-107~~ **SUITE 104 only**  
ORLANDO FL 32811

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

*Barry Gladys*

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, 2001 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  
**PSTD  
GLADYS, BARRY J  
4501 VINELAND ROAD, SUITE ~~106-107~~ **104**  
ORLANDO FL 32811**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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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:

*Barry Gladys*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/01**

Date

**407-481-8851**

Daytime Phone #

CR2E034 (10/00)