2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P9900068372 **DOCUMENT #**

1. Entity Name

TWO AND TWO ENTERPRISE, INC.



FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90107 009 ***150.00

			1 200	The state of the s
Principal Place of Business 1616 NORTH FLORIDA MANGO ROAD C-7 WEST PALM BEACH FL 33409 US		Mailing Address 1616 NORTH FLORIDA MANGO ROAD C-7 WEST PALM BEACH FL 33409 US		
2. Principal Place of Business .		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		. 4. FEI Number 65-0949742 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent_		7. Name and Address of New Registered Agent.
HAYES, M.H. 13852A YARMOUTH DRIVE WELLINGTON FL 33414			1024	HAYES, MI HYANG ddress (P.O. Box Number is Not Acceptable) 6 Fox Trial Rd South Apt 101
SIGNATURE F Afte	signature, uped or printed name of registered age, FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	and title if applicable. (NO)	·	registered agent, or both, in the State of Florida. I am familiar with, and accept J
· · · · · · · · · · · · · · · · · · ·	k rayable to rionda Department t	or State		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAI, CHARLES 4293 WILLOW BROOK CIRCLE WEST PALM BEACH FL 33417	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HAYES, MI 13825-A YARMOUTH DRIVE WELLINGTON FL 33414	☐ Delete	. THTLE NAME STREET ADDRESS CITY-ST-ZIP	President Diange Addition HAYES, MI 10276 FOX TRIAL RD. SOUTH APT 101 ROYAL PAIM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
of the core		s if ue and accurate and that h		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or director otter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF

3/5/03 (561) 616-8977 Date Daytime Phone #