

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078374

1. Entity Name

TWIN RIVERS CONSTRUCTION, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 021 ***150.00

Principal Place of Business

PREMIER STORAGE
 3755 W. KING ST., UNIT 142
 COCOA FL 32922

Mailing Address

PREMIER STORAGE
 3755 W. KING ST., UNIT 142
 COCOA FL 32922

AAU72230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Premier Storage
 Suite, Apt. #, etc.
 3855 W King St Unit 142
 City & State
 Cocoa FL

993 Botany Lane
 Suite, Apt. #, etc.
 City & State
 Rockledge Florida

4. FEI Number

59-3600412

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

BROOKS, SUSAN
 993 BOTANY LN.
 ROCKLEDGE FL 32955

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

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, 2000 Min. 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	D BROOKS, WILLIAM R 993 BOTANY LN. ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLDEN, RON 201 CHANDLER ST., #820 CAPE CANAVERAL FL 32920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Molden, Ronald 405 Cushman Drive Mims, FL 32754	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan Brooks (Principal)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Brooks

8/9/2000

321-636-3719

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

(2)

Doc. # P99000078374

A0072230

Florida Department of State
Katherine Harris
Secretary of state

August 2, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Twin Rivers Construction, Inc
993 Botany Lane
Rockledge, Florida 32955

Dear Ms. Harris,

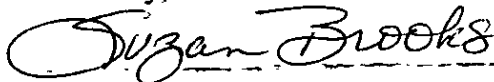
This is in regards to the Uniform Business Report that I did not receive until your second mailing. My landlord, Premier Storage, does not give us our mail. They have on occasion opened it and thrown some away. I have filed a complaint with the U.S. Postal Service and the case number is KC 4927551 which I received on February 2, 2000. I have also spoken with the Sheriffs Department on this matter and will be working with them on this in the future.

Since we have not been in business for a year as of yet, I was unaware of this bill. I did not receive the first copy that you sent to Premier Storage at all and received the second notice on July 18th. It took me two weeks to get a hold of the proper channels in the Postal Service and get a letter to you stating that this was a problem for our business.

Please accept my check and note the address changes of the form so that I can comply with Florida requirements in a timely and efficient manner.

Thank you for your understanding in this matter. If there are any questions or problems please feel free to call me at (321) 636-3719.

Sincerely,



Suzan Brooks
Twin Rivers Construction, Inc.

Attachment
DOC # P99000078374
A0072230

August 1, 2000

FL Dept. of State/Division of Corporations
Uniform Business Report Filing
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

This letter is written on behalf of Susan Brooks, Twin Rivers Construction, Inc., 993 Botany Lane, Rockledge, FL 32955-3913.

~~Ms. Brooks reports a problem with mail addressed to her previous address at "Premier Storage, 3855 King Street, Cocoa, FL 32926-4150" prevented her from receiving your mailpiece. That address is classified as a single-point delivery. Accordingly, all mail is delivered in bulk for final distribution by the management of that company.~~

The United States Postal Service makes every effort to ensure each piece of mail is delivered expeditiously, and we are always concerned when customers report missing mail. Any favorable consideration you may be able to provide Ms. Brooks regarding this would be greatly appreciated.

Sincerely,



Glenda Childers
Consumer Affairs

cc: Susan Brooks, Twin Rivers Construction, Inc.

Reference: T35013329

P O Box 999640
Mid Florida FL 32799-9640
407-333-4804
FAX: 407-444-3020