

2001 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED
May 29, 2001 8:00 am
Secretary of State

05-04-2001 90153 015 ***150.00

DOCUMENT # P99000078374

1. Entity Name

TWIN RIVERS CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**PREMIER STORAGE
 3855 W KING ST UNIT 142
 COCOA FL 32922**

**PREMIER STORAGE
 993 BOTANY LANE
 ROCKLEDGE FL 32955**

5514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3600411**

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 state if applicable.

(NOTE: Registered Agent signature required when renouncing)

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	D Treasurer	<input type="checkbox"/> Delete
NAME	BROOKS, WILLIAM R	
STREET ADDRESS	993 BOTANY LN.	
CITY- ST- ZIP	ROCKLEDGE FL 32955	
TITLE	D Secretary	<input type="checkbox"/> Delete
NAME	MOLDEN, RON	
STREET ADDRESS	405 CUSHMAN DRIVE	
CITY- ST- ZIP	MIMS FL 32754	
TITLE	BROOKS, SUSAN, Pres	<input type="checkbox"/> Delete
NAME	993 Botany Lane	
STREET ADDRESS	President	
CITY- ST- ZIP	Rockledge, FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: **William R Brooks** **William R Brooks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature this report

(321) 636-3719

CR2E034 (10/00)