

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90428 003 ***158.75

DOCUMENT # P99000105397

1. Entity Name

TWT Construction, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

52 Citrus Drive

3. Mailing Address

52 Citrus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

593611960

Applied For

Not Applicable

Zip 34684

Country USA

Zip 34684

Country USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lynne Troiano

Street Address (P.O. Box Number is Not Acceptable)

52 Citrus Drive

City

Palm Harbor FL

Zip Code

34684

**DO NOT WRITE
IN THIS SPACE**

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

Lynne Troiano

Lynne Troiano

5/1/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Jeff Wheaton
422 Michigan Ave
Palm Harbor, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Lynne Troiano - Secretary
52 Citrus Drive
Palm Harbor, FL 34684

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynne Troiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne Troiano

Date

Daytime Phone #

5/1/02

CR2E034B (12/01)