

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90090 012 ***150.00

DOCUMENT # S91338		Mar 15, 2000 8:00 am	
1. Entity Name		Secretary of State	
TWO GUYS FROM NEW JERSEY, INC.		03-15-2000 90090 012 ***150.00	
Principal Place of Business		Mailing Address	
1110 CAMBRIDGE COURT LONGWOOD FL 32779		1110 CAMBRIDGE COURT LONGWOOD FL 32779-5706	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number		59-3096568	
5. Certificate of Status Desired		Applied For	
Not Applicable		Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GATTUSO, NICHOLAS L. 1110 CAMBRIDGE COURT LONGWOOD FL 32779		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)		10. Election Campaign Financing Trust Fund Contribution.	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DPS GATTUSO, NICHOLAS L. 1110 CAMBRIDGE COURT LONGWOOD FL			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		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: _____		3-1-2000 (407) 685-1449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	