

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90085 041 ***150.00

DOCUMENT # V09033

1. Entity Name
RED'S TWINS' CAFE INC.

Principal Place of Business
**2801 E. HILLSBOROUGH AVENUE
 TAMPA FL 33610**

Mailing Address
**PO BOX 310141
 TAMPA FL 33680
 US**

763460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0298478**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**BRANTLEY, ROSE CAMPISI
 1526 HIGH KNOLL DR.
 BRANDON FL 33511**

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 \$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	P	<input type="checkbox"/> Delete
NAME	BRANTLEY, ROSE CAMPISI	
STREET ADDRESS	1526 HIGH KNOLL DR.	
CITY-ST-ZIP	BRANDON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRANTLEY, JENNIFER	
STREET ADDRESS	1526 HIGH KNOLL DR.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRANTLEY, JASON	
STREET ADDRESS	6902 RHODE IS DR	
CITY-ST-ZIP	BRANDON FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Rose Campisi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (813)2370381

Date

Daytime Phone #

CR2E034 (10/00)