

09-17-2002 90099 003 ***550.00

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

DOCUMENT # ✓09033
 1. Entity Name
RED'S TWIN'S CAFE

DO NOT WRITE IN THIS SPACE

43344

2. Principal Place of Business
2801-E Hill Ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 310141
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. City & State
Tampa FL

5. City & State
TPA FL

6. Zip
33610

7. Country
Hills.

8. Zip
33680

9. Country
Hills.

4. FEI Number
265069944

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ROSE CAMPISI

Street Address (P.O. Box Number is Not Acceptable)
1910 E. PALM AVE

City
TPA

State
FL

Zip Code
33608

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 Rose Campisi DATE 9/13/02

Signature, typed or printed name of registered agent and fee 4 applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1: Fee is \$180.00
 After May 1, Fee is \$530.00
 Amended UBR L: \$81.25
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	<u>Pres. ROSE CAMPISI 1910 E PALM AVE TPA FL 33608</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Pres JASON BRANTLEY 6902 Rhode Island Dr TPA FL 33619</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treas. Jennifer ALAMO 1528 High Knoll Dr Brandon FL 33688</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rose Campisi DATE 9/13/02 DAYTIME PHONE 813 237 0381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone