

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90186 002 ***150.00

DOCUMENT # V14718



1. Entity Name
MISTER TWISTER PRETZELS, INC.

Principal Place of Business
**740 31ST ST SW
NAPLES FL 34117
US**

Mailing Address
**2706 S. HORSESHOE DR. #112
NAPLES FL 34104**



2. Principal Place of Business
2756 Island Pond Ln

3. Mailing Address
SAME

City & State
Naples, FL

City & State

4. FEI Number **52-1817497**

Applied For
Not Applicable

Zip **34119** Country **USA**

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KEITH L.
740 31ST ST SW
NAPLES FL 34117**

Name **Johnson, Keith L.**
Street Address (P.O. Box Number is Not Acceptable)
1293 Rainbow Ct.
City **Naples, FL** Zip Code **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** Delete
NAME **JOHNSON, KEITH L.**
STREET ADDRESS **740 31ST ST SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **PTD** Change Addition
NAME **Johnson, Keith L.**
STREET ADDRESS **1293 Rainbow Court**
CITY-ST-ZIP **Naples, FL 34110**

TITLE **VSD** Delete
NAME **JOHNSON, PATRICIA G**
STREET ADDRESS **740 31ST ST SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VSD** Change Addition
NAME **Johnson, Patricia G**
STREET ADDRESS **1293 Rainbow Court**
CITY-ST-ZIP **Naples, FL 34110**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/20/03** Daytime Phone # **239-643-2075**

CR2E034 (10/02)