

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049160

1. Entity Name

TOPSIDE ENTERPRISES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90071 033 ***158.75

0456089

Principal Place of Business
1514 BERNITA ST.
JACKSONVILLE FL 32211

Mailing Address
1514 BERNITA ST.
JACKSONVILLE FL 32211

C0008518



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 **58-2475439**

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

BARBER, DOROTHY C
1514 BERNITA ST.
JACKSONVILLE FL 32211

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 | D | <input type="checkbox"/> Delete |
| NAME | BARBER, DOROTHY C | |
| STREET ADDRESS | 5325 SANTA ROSA WAY | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHAMBERLAIN, ADRIENNE B | |
| STREET ADDRESS | 435 CRANE'S LANDING CT. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARBER, JOHN W III | |
| STREET ADDRESS | RT. 1, BOX 824, DUPREE RD. | |
| CITY-ST-ZIP | MACLENNY FL 32063 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY/TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1960 WOODLEIGH DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FLORIDA 32211 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6020 ROYAL ESTATES PLACE | |
| CITY-ST-ZIP | JACKSONVILLE, FLORIDA 32211 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRETT R. CHAMBERLAIN | |
| STREET ADDRESS | 1960 WOODLEIGH DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FLORIDA 32211 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: *Dorothy C. Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOROTHY C. BARBER, PRESIDENT

1/12/01

(904) 744-4067

Date

Daytime Phone #

CR2E034 (10/00)