

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 180765

1. Entity Name
TOPO, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90253 046 ***150.00

Principal Place of Business

1300 RIVERPLACE BLVD
610
JACKSONVILLE FL 32207
US

Mailing Address

1300 RIVERPLACE BLVD
610
JACKSONVILLE FL 32207
US

2. Principal Place of Business

6215 Wilson Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7779

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL 32210

Zip

Country

City & State
Jacksonville, FL 32238

Zip

Country

4. FEI Number 59-0844234

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANNEN W.M.
1300 RIVERPLACE BLVD
SUITE 610
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

6215 Wilson Blvd.

City
Jacksonville

Zip Code
32210

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 the filer (p. 3)

(NOTE: Registered Agent's signature required when resigning)

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

TITLE	PD	☐ Delete
NAME	TOWERS JR, C. D.	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 610	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	JAMES, H.R. SR.	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 610	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	BRANNEN, W.M.	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 610	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ Delete
NAME	LYERLY, JEAN B.	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 610	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VSD	☒ Delete
NAME	LYLE, M.L.	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 610	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	1301 Riverplace Blvd. Suite 1500	
CITY-STATE-ZIP	Jacksonville, FL 32207	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6215 Wilson Blvd.	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6215 Wilson Blvd.	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6215 Wilson Blvd.	
CITY-STATE-ZIP	Jacksonville, FL 32210	
TITLE	VS	☐ Change ☒ Addition
NAME	Velta Sorrell	
STREET ADDRESS	1301 Riverplace Blvd. Suite 1500	
CITY-STATE-ZIP	Jacksonville, FL 32207	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I've empowered.

SIGNATURE:

W.M. Brannen

W.M. Brannen

4/12/01

904/778-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/00)