

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532888

1. Entity Name  
TOPIARY, INC.

2

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90010 004 \*\*\*150.00

Principal Place of Business

4520 WATROUS AVE  
TAMPA FL 33629  
US

Mailing Address

4520 WATROUS AVE  
TAMPA FL 33629  
US

2. Principal Place of Business

3. Mailing Address

4520 WATROUS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1749660

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

HARDCASTLE, MIA  
6210 BAYSHORE BLVD  
TAMPA FL 33611

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARDCASTLE, MIA C.  
6210 BAYSHORE BLVD.  
TAMPA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GREIWE, MARY BETH  
4520 WATROUS AVE  
TAMPA FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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.

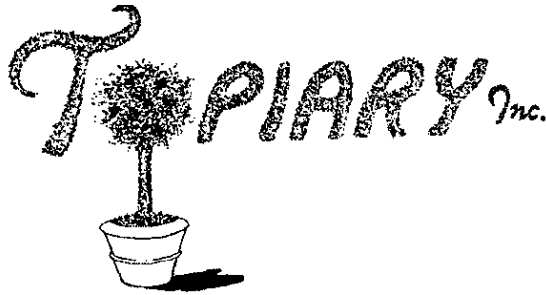
SIGNATURE:

MARY BETH GREIWE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00  
Date

813-286-8626  
Daytime Phone #

CP2E034 (5/00)



ATTACHMENT  
532888  
AD068447

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Incorrect Mailing Address for Topiary Inc.

To Whom It May Concern::

In yesterday's mail, Topiary Inc received our **First Request** for the Corporation Filing Fee. Unfortunately for us, it is called your **Second Notice**. I believe that the reason for our failure to receive your first mailing is the incorrect address.

I have corrected the UBR, so your records will, hopefully, change - but, I have enclosed a check (#6033) in the amount of \$150.00.

A copy of the mailing, and of the completed form is enclosed.

Sincerely,

Mary Beth Greiwe  
Topiary Inc.

✓Cc: Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

4520 W Watrous Ave Tampa FL 33629  
Tele: 813-286-8626  
Fax: 813-282-9345  
www.topiaryinc.com