## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 626275

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Principal	Place	of	Business	

2. Principal Place of Business

TOPMILLER, GERALD -

4367 N. FEDERAL HWY 103

FT. LAUDERDALE FL 33308

9. This corporation is eligible to satisfy its Intangible

TOPMILLER, GERALD

FT LAUDERDALE-FL:

4367 N. FED. HWY 103

TOPMILLER, ELIZABETH

4367 N. FED. HWY 103

FT LAUDERDALE FL

Tax filing requirement and elects to do so.

(See criteria on back)

PTD

**VSD** 

Mailing Address

3. Mailing Address

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

4367 N. FEDERAL HWY 103 FT LAUD FL 33308

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

4367 N. FEDERAL HWY 103 FT LAUD FL 33308-5213

## **FILED** May 07, 2000 8:00 am Secretary of State GERALD TOPMILLER, INC. 05-07-2000 90038 007 \*\*\*150.00

Country

Name

City

(NOTE: Registered Agent signature required wh

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

Defete

12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Street Address (P.C

	); <b>8</b> );) <b>8),9</b> );			
DO NOT WRI				
<b>59-667436</b>	3			oplied For ot Applicable
5. Certificate of Status Desired			<b>3.75</b> Add e Require	
7. Name and Address of New F	tegistere	d Ag	ent	
). Box Number is Not Acceptable	e)			
	F	L	Zip Cod	le
agent, or both, in the State of FI	orida.			
en reinstating)	DAT	E		
10. Election Campaign Fin Trust Fund Contribution				May Be d to Fees
ADDITIONS/CHANGES TO OFF	FICERS A	ND D		
		L	Change	☐ Addition
		Ī	Change	☐ Addition
			Change	☐ Addition
		[	Change	Addition
·	<del></del> ,	[	Change	Addition
			Change	Addition

CITY-ST-ZIP 13. Thereby 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

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR