

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**  
 03-18-2002 90038 017 \*\*\*150.00

CR1006 AT

**DOCUMENT # F01000005281**

**1. Entity Name**  
**TOP ROCK PROPERTIES, INC.**

**Principal Place of Business** **Mailing Address**  
~~10610 METRIC DRIVE, STE 190~~ *1805 Royal LN* ~~10610 METRIC DRIVE, STE 190~~ *1805 Royal LN*  
~~DALLAS TX 75249~~ *Suite 103* ~~DALLAS TX 75249~~ *Suite 103*  
**75229** **75229**



**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** **75-2835258** **Applied For**  
 Not Applicable  
**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**  
**HAWLEY, TIM** **Name**  
**1714 GOLF VIEW DRIVE** **Street Address (P.O. Box Number is Not Acceptable)**  
**KISSIMMEE FL 34746** **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZACHARIAS, JAMES</b> <b>120 HOUSTON AVE.</b> <b>WEATHERFORD TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <b>208 N. MAIN, SUITE 100</b> <b>WEATHERFORD, TX 76086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NOBLE, R. EDWARD</b> <b>10610 METRIC DRIVE, STE 190</b> <b>DALLAS TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <b>1805 Royal Lane, Suite 103</b> <b>Dallas, TX 75229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PETERS, KIMBERLY D</b> <b>10610 METRIC DRIVE, STE 190</b> <b>DALLAS TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <b>1805 Royal Lane, Suite 103</b> <b>Dallas, TX 75229</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIDD, ANDREW E</b> <b>10610 METRIC DRIVE, STE 190</b> <b>DALLAS TX</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Same</i> <b>1805 Royal Lane, Suite 103</b> <b>Dallas, TX 75229</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *James Zacharias* **2/28/02** **817-594-8183**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)