

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90053 030 \*\*\*558.75

**DOCUMENT # G11303**

1. Entity Name  
**TOPSPEED CORPORATION**

Principal Place of Business 150 E. SAMPLE RD SUITE 200 POMPANO BCH. FL 33064 US	Mailing Address 150 E. SAMPLE RD SUITE 200 POMPANO BCH. FL 33064 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2242180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BROWN, DOUGLAS L WATTS, FRANK</b> 150 EAST SAMPLE ROAD SUITE 200 POMPANO BCH. FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS</b> <b>BARRINGTON, BRUCE D.</b> <b>150 E SAMPLE RD, #200</b> <b>POMPANO BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>WATTS, FRANK</b> <b>150 E. SAMPLE RD #200</b> <b>POMPANO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RAFALCO, ROY</b> <b>150 E. SAMPLE RD. #200</b> <b>POMPANO BCH. FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, TECHNICAL SERVICES</b> <b>BRUBAKER, ROY</b> <b>150 E. SAMPLE RD #200</b> <b>POMPANO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO</b> <b>BROWN, DOUGLAS L</b> <b>150 E. SAMPLE RD. #200</b> <b>POMPANO BEACH FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT, PRODUCT DEVELOPMENT</b> <b>ZAUNERE, ROBERT</b> <b>150 E. SAMPLE RD, #200</b> <b>POMPANO BEACH, FL 33064</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>RAJAN, ANTONIO</b> <b>150 E. SAMPLE RD. #200</b> <b>POMPANO BEACH FL 33064</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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:** \_\_\_\_\_ **3/1/00** **954-785-4555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)