

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90124 047 \*\*\*150.00

**DOCUMENT # H13557**

1. Entity Name

**TIP TOP HOLDINGS, INC.**

Principal Place of Business

Mailing Address

% THOMAS C. LATHAM, ESQUIRE

% THOMAS C. LATHAM, ESQUIRE

~~1 KEY-CAPRI #313W~~

~~1 KEY-CAPRI #313W~~

TREASURE ISLAND FL 33706

TREASURE ISLAND FL 33706

US

US

00014404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

790 123<sup>rd</sup> AV. IS.

790 123<sup>rd</sup> AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TREASURE IS. FL.

TREASURE IS. FL.

Zip

Country

Zip

Country

33706

33706

4. FEI Number

59-2428225

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

LATHAM, THOMAS C., ESQ

~~1 KEY-CAPRI #313W~~ 790 123<sup>rd</sup> AV.  
 TREASURE ISLAND FL 33706

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME LATHAM, THOMAS C.  
 STREET ADDRESS ~~1 KEY-CAPRI #313W~~  
 CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE PD  
 NAME LATHAM, THOMAS C. ☒ Change ☐ Addition  
 STREET ADDRESS 790 123<sup>rd</sup> AV.  
 CITY-ST-ZIP TREASURE IS., FL. 33706

TITLE D  
 NAME LATHAM, JOAN P.  
 STREET ADDRESS ~~1 KEY-CAPRI #313W~~  
 CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE D  
 NAME LATHAM, JOAN P. ☒ Change ☐ Addition  
 STREET ADDRESS 790 123<sup>rd</sup> AV.  
 CITY-ST-ZIP TREASURE IS., FL. 33706

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 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:

Joan P. Latham JOAN P. LATHAM 1-26-2001 727-360-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)