

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90057 012 ***150.00

DOCUMENT # H75736

1. Entity Name
TOPLINE INTERNATIONAL, INC.

Principal Place of Business Mailing Address
252 West Marion Avenue
Punta Gorda, FL 33950

2. Principal Place of Business **3. Mailing Address**
407 East Marion Avenue same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Punta Gorda, FL 33950

Zip **Country** **Zip** **Country**
33950 Charlotte

4. FEI Number **Applied For**
59-2597221 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DAVID K. OAKS, ESQ.
407 East Marion Avenue
Suite 101
Punta Gorda, FL 33950

7. Name and Address of New Registered Agent
Name David K. Oaks, Esq.
Street Address (P.O. Box Number is Not Acceptable)
407 East Marion Avenue, Suite 101
City Punta Gorda FL Zip Code 33950

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 *David K. Oaks* **4/4/01**
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. ☐ **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 ☐ **\$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	PST MITCHELL, THOMAS E. 252 West Marion Avenue Punta Gorda, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST D MITCHELL, THOMAS E. 407 East Marion Avenue, Suite 101 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, JEAN A. 252 West Marion Avenue Punta Gorda, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MITCHELL, JEAN 407 East Marion Avenue, Suite 101 Punta Gorda, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, THOMAS E. (duplicate) <input checked="" type="checkbox"/> Delete 252 West Marion Avenue Punta Gorda, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mitchell, Thomas E. 407 East Marion Ave., Suite 101 Punta Gorda, FL 33950 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *JEAN A. MITCHELL* **4/9/01** **941-639-7627**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)