

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74351

1. Entity Name  
TOP LINE CHEMICALS, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90003 002 \*\*\*550.00

Principal Place of Business

% EARL C. GRIFFIN  
1135 FOUNTAINHEAD DR  
LARGO FL 33770  
US

Mailing Address

% EARL C. GRIFFIN  
1135 FOUNTAINHEAD DR  
LARGO FL 33770  
US

2. Principal Place of Business

8780 126th AVE. NORTH

3. Mailing Address

80, BOX 1660

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

LARGO FL

City & State

LARGO FL 33773

City & State

LARGO FL

Zip

USA

Zip

33779

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2897165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, EARL C.  
1135 FOUNTAINHEAD DR  
LARGO FL 34640

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | DP                   | <input type="checkbox"/> Delete |
| NAME           | GRIFFIN, EARL C.     |                                 |
| STREET ADDRESS | 1135 FOUNTAINHEAD DR |                                 |
| CITY-ST-ZIP    | LARGO FL             |                                 |
| TITLE          | ST                   | <input type="checkbox"/> Delete |
| NAME           | GRIFFIN, ALICE R     |                                 |
| STREET ADDRESS | 1135 FOUNTAINHEAD DR |                                 |
| CITY-ST-ZIP    | LARGO FL             |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Earl C. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

722-585-1321  
Date Daytime Phone #

CR2E034 (5/00)