

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000723

1. Entity Name

TOP DOG AMERICA, LLC

FILED

01 OCT -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8515 BAYSHORE RD. #154
PALMETTO FL 34221

Mailing Address

8515 BAYSHORE RD. #154
PALMETTO FL 34221

PLEASE
NOTE
↑



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8515 BAYSHORE RD

3. Mailing Address

PO BOX 1767

Suite, Apt. #, etc.

#154

Suite, Apt. #, etc.

City & State

PALMETTO FL

City & State

NOKOMIS FL

4. FEI Number

59-3640206

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34274

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, JOHN E
677 NORTH WASHINGTON BLVD., STE. 1-A
SARASOTA FL 34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

500004622315--7
-10/03/01--01077--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MEM SMITH, NORMAN J
STREET ADDRESS PO BOX 1767
CITY-ST-ZIP NOKOMIS FL 34274

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MEM MYERS, CHARLES
STREET ADDRESS 2625 TRINIDAD
CITY-ST-ZIP SARASOTA, FL 34231

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MEM MCGOWEN, BETHANY
STREET ADDRESS 2805 BAY DRIVE
CITY-ST-ZIP BRADENTON, FL 34207

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Norman J. Smith
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/25/01

Date

941-724-6031

Daytime Phone #

CR2E083 (5/01)