

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P00000067019

1. Entity Name

TOP LINE SCREEN PRINTING AND EMBROIDERY, INC.

FILED
02 MAY -3/ PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4210 L.B. MCLEOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#109

City & State

City & State

ORLANDO

FL

Zip

Country

Zip

Country

32811

ORANGE

4. FEI Number

69-3662602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SARA LEE VARGAS

Street Address

7020 HIAWASSEE OVERLOOK DR

City

ORLANDO

FL

Zip Code

32835

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IN THIS SPACE

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

Sara Lee Vargas / President

3/1/02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

PRESIDENT
SARA LEE VARGAS

STREET ADDRESS

7020 HIAWASSEE OVERLOOK DR

CITY-ST-ZIP

ORLANDO, FL 32835

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

100005507471--9

-05/14/02--01001--007

****300.00 ****300.00

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Sara Lee Vargas / SARA LEE VARGAS / PRESIDENT / 3/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



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