

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90070 007 ***158.75

DOCUMENT # P00000081819

1. Entity Name

TOPS MORTGAGE, INC.

Principal Place of Business

5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

Mailing Address

5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

2. Principal Place of Business

205 Joel Blvd.

3. Mailing Address

205 Joel Blvd

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

33972

Country

USA

Zip

33972

Country

USA

4. FEI Number

65-1037523

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEGEL, LARRY

5100 N. FEDERAL HWY., STE. 409
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Robert Wolfe

Street Address (P.O. Box Number is Not Acceptable)

205 Joel Blvd.

Suite 110

City

Lehigh Acres

FL

Zip Code

33972

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

Robert Wolfe
Signature, typed or printed name of registered agent and title if applicable.

Robert Wolfe
(NOTE: Registered Agent signature required when reinstating)

3-21-01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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

TITLE D
NAME REYNAERT, DOUG
STREET ADDRESS 4204 23RD ST.
CITY-ST-ZIP ALVA FL 33920
☒ Delete

TITLE PD
NAME LEGEL, LARRY
STREET ADDRESS 5100 N. FEDERAL HWY., STE. 409
CITY-ST-ZIP FT. LAUDERDALE FL 33308
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D, S, T
NAME Ann Nopack
STREET ADDRESS 1005 McArthur Ave
CITY-ST-ZIP Lehigh Acres, FL 33972
☒ Change ☐ Addition

TITLE VP, D
NAME Robert M Wolfe
STREET ADDRESS 2518 9th St. W
CITY-ST-ZIP Lehigh Acres, FL 33971
☐ Change ☒ Addition

TITLE VP, D
NAME Fred E. Cassidy
STREET ADDRESS 302 Hollywood St
CITY-ST-ZIP Lehigh Acres, FL 33972
☐ Change ☒ Addition

TITLE VP, D
NAME Larry Francis
STREET ADDRESS 515 Marby Rd.
CITY-ST-ZIP Lehigh Acres, FL 33936
☐ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-01 (941) 368-9990

CR2E034 (10/00)