

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90086 030 ***150.00

DOCUMENT # P00000081819

1. Entity Name

TOPS MORTGAGE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 Joel Blvd.

Suite, Apt. #, etc.

Suite 110

City & State

Lehigh Acres FL

Zip

Country

33972

US

3. Mailing Address

205 Joel Blvd.

Suite, Apt. #, etc.

Suite 110

City & State

Lehigh Acres, FL

Zip

Country

33972

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1037523

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Wolfe

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

205 Joel Blvd.

Suite 110

City

FL

Zip Code

**DO NOT WRITE
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

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 STREET ADDRESS CITY-ST-ZIP	PDST Francis, Larry 515 Marby Rd Lehigh Acres, FL 33936	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wolfe, Robert M 2518 9th St W Lehigh Acres FL 33971	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Cassidy, Fred E. 302 Hollywood St Lehigh Acres FL 33972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *Robert M Wolfe* Robert M Wolfe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

941-368-9990

Daytime Phone #

CR2E034B (12/01)