

AMENDMENT
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000095760

1. Entity Name

TOPFINISHES, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 MAY 11 AM 9:26

Principal Place of Business

318 INDIAN TRACE
SUITE 162
WESTON FL 33327

Mailing Address

318 INDIAN TRACE
SUITE 162
WESTON FL 33327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

700004335867-3

05/31/01 01039-017

*****61.00 *****61.00

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!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LACEY, BENJAMIN R. JR.	
STREET ADDRESS	1448 BARCELONA WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	MOLLINEDO, MANACES	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	1448 BARCELONA WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	LACEY, MARGARET S.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	2493 EAGLE WATCH LN	
CITY-ST-ZIP	WESTON FL 33327	
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	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, BENJAMIN R. JR.	
STREET ADDRESS	1448 BARCELONA WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, ROLAND	
STREET ADDRESS	505 N.E. 30th ST. P-5	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, MARGARET S.	
STREET ADDRESS	2493 EAGLE WATCH LN	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRA, RUTH P.	
STREET ADDRESS	2493 EAGLE WATCH LN	
CITY-ST-ZIP	WESTON FL 33327	
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
indicated on this report or supplemental report is true and accurate and that m
of the corporation or the receiver or trustee empowered to execute this report is
changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (954) 659-3144

Date

Daytime Phone #

CR2E034 (11/00)