

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111914

1. Entity Name

TOPSCAPE ENTERPRISES, INC.

Principal Place of Business

4501 W. HWY. 329
LOWELL FL 32663

Mailing Address

4501 W. HWY. 329
LOWELL FL 32663

P.O. Box 245

2. Principal Place of Business

1836 W. 21st ST

3. Mailing Address

P.O. Box 245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

LOWELL FL

Zip

32774

Country

MARION

Zip

32663

Country

MARION

6. Name and Address of Current Registered Agent

YANTIS, V.J.
4501 W. HWY. 329
LOWELL FL 32663

4. FEI Number

59-3686111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

V.J. Yantis & Bob Prater

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

c/o 4501 W. Hwy 329

City

LOWELL

FL

Zip Code

32663

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]

P.R.O.S.

4-10-01

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!!! 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	<input type="checkbox"/> Delete
NAME	YANTIS, V.J.	
STREET ADDRESS	P. O. BOX 216	
CITY-ST-ZIP	LOWELL FL 32663	
TITLE	SEC. TREAS.	<input type="checkbox"/> Delete
NAME	Robert Prater	
STREET ADDRESS	c/o P.O. Box 216	
CITY-ST-ZIP	LOWELL FL 32663	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01
Date

352 591 1892
Daytime Phone #

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90185 026 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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