## 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000117188 1. Entity Name 05-16-2001 90262 003 \*\*\*150.00 TOPPINO DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 201 EAST PINE STREET SUITE 900 201 EAST PINE STREET SUITE 900 ORLANDO FL 32801 ORLANDO.FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-368925 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired いらみ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lobbino KG&L SERVICES, INC. 390 N ORANGE AVE SUITE 600 ORLANDO FL 32801 900 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Delete TITLE Change TITLE Philip M ToppiNO NAME NAME 201 East Pine St, suite 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando HA Addition ☐ Change ☐ Delete TITLE MAYSSA TOPPIND NAME NAME 201 East Pine St , suite 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 32801 Change Addition - -- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP