

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90821 031 ***150.00

DOCUMENT # P00000117188

1. Entity Name
TOPPINO DEVELOPMENT COMPANY, INC.



Principal Place of Business

4880 N HWY 19A
MOUNT DORA FL 32757

Mailing Address

P. O. BOX 687
MINNEOLA FL 34755

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

59-3689259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOPPINO, PHILIP M
4880 N HWY 19 A
MOUNT DORA FL 32757

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
NAME TOPPINO, PHILIP M
STREET ADDRESS 201 EAST PINE ST., SUITE 900
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 4880 N Hwy 19 A
CITY-ST-ZIP Mount Dora, FL 32757

TITLE D ☐ Delete
NAME TOPPINO, MAYSSA
STREET ADDRESS 201 EAST PINE ST., SUITE 900
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME **STREET ADDRESS** 4880 N Hwy 19 A
CITY-ST-ZIP Mt. Dora, FL 32757

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

TITLE ☐ Delete
NAME **STREET ADDRESS** **CITY-ST-ZIP**

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

12. 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 10 or Block 11 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 #

CR2E034 (10/02)