

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90131 038 \*\*\*163.75

**DOCUMENT # P01000037809**

1. Entity Name  
**TOPLINE SERVICES & EQUIPMENT, INC.**

Principal Place of Business  
**2608 PINE ESTATES ROAD S**  
**JACKSONVILLE FL 32218**

Mailing Address  
**2608 PINE ESTATES ROAD S**  
**JACKSONVILLE FL 32218**

2. Principal Place of Business  
**P.O. Box 26099**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 26099**  
 Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FLA.**

City & State  
**JACKSONVILLE, FLA.**

4. FEI Number  
**75-3074474**

Applied For  
 Not Applicable

Zip  
**32226**  
 Country  
**U.S.A.**

Zip  
**32226**  
 Country  
**U.S.A.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**BRILEY, D. RANDALL**  
**599 ATLANTIC BLVD STE 4**  
**ATLANTIC BEACH FL 32233**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCKLEY, RICHARD K</b> <b>2608 PINE ESTATES ROAD S</b> <b>JACKSONVILLE FL 32218</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Richard K Buckley** **8/15/02** **904-2378264**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

#PO100032809

Q75068

August 15<sup>th</sup> 2002

To: Florida Department of State Division of Corp.

From: Richard K. Buckley

Subject: Uniform Business Report

I AM writing this letter to request that you wave the penalty for being late in filing this Uniform Business Report. I don't recall even getting the 1<sup>st</sup> notice. I spoke with one of your representatives and was informed that this report should come to me no later than the end of January next year, and that if I don't receive it by then, to call and request it.

I appreciate your consideration in this matter. If you need to speak with me, my cell phone # is 904-237-8264.

Thank You!

Richard K. Buckley  
Tooling Services & Equipment Tool