

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 027 ***150.00

DOCUMENT #

1. Entity Name

PO1000039059

GORILLA TOPS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

825 #3 15th St.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 30104

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Park FL

City & State

Palm Beach Gardens, FL.

Zip

33403

Country

USA

Zip

33420

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Hugh Higginbotham III

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

2409 24th way

City

West Palm Beach

FL

Zip Code

33407

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.

Hugh R Higginbotham

4/23/02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP**

P Hugh R Higginbotham III
2409 24th Way, WPB FL 33407

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

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

V Kelli Preti
752 Ibes Way, NPB FL 33420

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)