

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000039992

1. Entity Name
TIP TOP PRINTING OF VOLUSIA COUNTY, INC.

Principal Place of Business
587 BEVILLE RD
S DAYTONA FL 32119

Mailing Address
587 BEVILLE RD
S DAYTONA FL 32119

2. Principal Place of Business
1325 Beville Rd
Suite, Apt. #, etc.

3. Mailing Address
1325 Beville Rd
Suite, Apt. #, etc.

City & State
Daytona Beach FL
Zip 32119 Country USA

City & State
Daytona Beach FL
Zip 32119 Country USA

4. FEI Number
59-3460184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBSTER, DANIEL J
347 S RIDGEWOOD AVE
DAYTONA BCH FL 32114

7. Name and Address of New Registered Agent

Name
DALE J ABBOTT CPA
Street Address (P.O. Box Number is Not Acceptable)
555 W. GRANADA BLVD
E-9
City
Ormond Beach FL 32174

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]* DATE 9-3-02
(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINCHESTER, HENRY C JR 110 MITCHELL PL DAYTONA BCH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGRO, BRUCE S 908 TIMBERWOOD DR PORT ORANGE FL 32127	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Negro, BRUCE S 903 Timberwood DR Port Orange FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-02

Date

386-304-1972

Daytime Phone #

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-19-2002 90157 002 ***550.00
07-09-2002 90019 027 ***150.00

99977

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)