

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90019 001 ***150.00

DOCUMENT # P01000082342

1. Entity Name
ARCH TOPS INC.

Principal Place of Business
3055 55TH TERR. S.W.
NAPLES FL 34116

Mailing Address
3055 55TH TERR. S.W.
NAPLES FL 34116

2. Principal Place of Business
4361 CORPORATE SQUARE
 Suite, Apt. #, etc.

3. Mailing Address
4361 CORPORATE
 Suite, Apt. #, etc.

City & State
NAPLES FLORIDA
 Zip
34104
 Country
COLLIER

City & State
NAPLES FLORIDA
 Zip
34104
 Country
COLLIER

4. FEI Number
59-3741508

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORSE, TED A
3055 55TH TERR. S.W.
NAPLES FL 34116

7. Name and Address of New Registered Agent

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
 NAME **MORSE, TED A**
 STREET ADDRESS **3055 55TH TERR. S.W.**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **V** ☐ Delete
 NAME **MORSE, NANCY L**
 STREET ADDRESS **3055 55TH TERR. S.W.**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE **ST** ☐ Delete
 NAME **MORSE, BRIAN M**
 STREET ADDRESS **3055 55TH TERR. S.W.**
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)