

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90065 049 ***150.00

DOCUMENT # P01000094608

1. Entity Name
TOP CORNER, INC.

Principal Place of Business

**735 N.E. 3RD AVENUE
 FORT LAUDERDALE FL 33304**

Mailing Address

**735 N.E. 3RD AVENUE
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business
5745 SW 75 Street

3. Mailing Address
5745 SW 75 Street

Suite, Apt. #, etc.
PO Box 331

Suite, Apt. #, etc.
PO Box 331

City & State
Gainesville, FL 32608

City & State
Gainesville, FL 32608

Zip Country
32608 USA

Zip Country
32608 USA

4. FEI Number
65-1140390

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MOXON, GEORGE L ESQ.
 735 N.E. 3RD AVENUE
 FORT LAUDERDALE FL 33304**

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 **WILLIAM LITTLE, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

2-28-02

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 **D** ☒ Delete
 NAME **MOXON, GEORGE L ESQ.**
 STREET ADDRESS **735 N.E. 3RD AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **President** ☐ Delete
 NAME **William Little**
 STREET ADDRESS **5745 SW 75 Street; PO Box 331**
 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-02

Date

(352)256-8794

Daytime Phone #

CR2E034 (9/01)