

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 031 ***150.00

DOCUMENT # P01000100297

1. Entity Name

Top Line Power, Inc.
375 Phil Harris
Defuniak Springs, FL 32433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Top Line Power, Inc

3. Mailing Address

Top Line Power, Inc

Suite, Apt. #, etc.

375 Phil Harris

Suite, Apt. #, etc.

375 Phil Harris

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL

Zip

32433

Country

USA

Zip

32433

Country

USA

4. FEI Number

59-3749461

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Mr. David Phillips

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

375 Phil Harris

City

Defuniak Springs, FL

Zip Code

32433

**DO NOT WRITE
IN THIS SPACE**

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 (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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME David Phillips
STREET ADDRESS 375 Phil Harris
CITY-ST-ZIP Defuniak Springs, FL 32433

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: David Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Phillips
President

4/29/02

Date

Daytime Phone #

863-990-7844

CR2E034B (12/01)