2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P02000049247



Principal Place of Business

TOP FOUR PROPERTIES, INC.

1. Entity Name

2911 SW 9TH AVENUE FT. LAUDERDALE FL 33315 Mailing Address

2911 SW 9TH AVENUE

FT. LAUDERDALE FL 33315

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address
City & State	Suite, Apt. #, etc.

FILED Feb 24, 2003 8:00 am Secretary of State

01-21-2003 90567 041 ***158.75

DUCTOOD



				1 (CANADA PA JARA) MÉM CAMAT	Para angli ingg paga mga	(1811-8481) (881-988)		
Principal Place of Business 3. Mailing Address			<u> </u>					
上面。14年 1887年 1888年		PERSUIE	. sautrada (4) adith (191) BBill (tasta motti a bill Gièta Pafia i	REALF POEM SASE REDI			
Suite, Apt. #, etc. Suite, Apt. #, etc.			21.1-07 . 13 C.4.					
0,40				☐ CHECK HERE	IF MAKING CHANG	iES		
City & State City & State		and the second	4. FEI Number		Applied For			
FLORIDA I TARDER			75-30563	70 F	Not Applicable			
	Country	Zio	Country		\$0.7E	Additional		
	8. Name and Address of Current F	and the second	<u> </u>	5. Certificate of Status Desired	Fee Requ	uired		
F.	or Marine and Address of Cutterill P	7. Name and Address of New F	legistered Agent					
CHRISTENSON, JOHN DAVID								
2911 SW 9TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33315								
"" 5	POLITOPIE PE 333 13				•			
-			City	City Zip Code				
8. The above	ve named entity submits this statement for t	he purpose of changing its	rocintered efficiency		FL Zip Co	-Ne		
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								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)								
		1	- Lochemen Sank ethinmine led	ured when reinstating)	DATE			
L Am	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00			9 Fination County -				
Make Chec	k Payable to Florida Department of S	tate		Election Campaign Fin. Trust Fund Contribution		.00 May Be		
10.	OFFICERS AND DI					ed to Fees		
TITLE	PRE PRE		11.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11		
NAME		CHEISTENSON	TITLE		☐ Change	☐ Addition S		
STREET ADDRESS		11 SW 94 AVE	NAME STREET ADDRESS			_ /]5		
CITY-ST-ZIP		[15440. F13336				Z X		
TITLE	TO SECULIAR	Delete				CR2E034 (10/02)		
NAME -		C Delete	TITLE NAME		Change	☐ Addition 🛱		
STREET ADDRESS			STREET ADDRESS			10		
CTTY-\$T-ZIP	1523.5	•	CITY-ST-ZIP			j		
TITLE		Delete	-TIFLE					
NAME	Same of the graph of the state	سيره سياد سعه	- NAME		Change	Addition_		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	30		CITY-ST-ZIP			1		
title Name		☐ Delete	TITLE		☐ Change	Addition		
STREET ADDRESS			NAME		C change	C Adminion {		
CITY-ST-ZIP	A second of the second		STREET ADDRESS			1		
		 -	CITY-ST-ZIP			ŀ		
TITLE Name		☐ Delete	TITLE		☐ Change	☐ Addition		
STREET ADDRESS		•	NAME					
CITY-ST-ZIP		. i	STREET ADDRESS			ĺ		
TITLE			CITY-ST-ZIP			}		
NAME		☐ Delete	TITLE		☐ Change	Addition		
STREET ADDRESS	•		NAME STREET ADDRESS		-			
CITY-ST-ZIP		•	CITY-ST-ZIP			1		
12. I hereby ce	ertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the	averanting state of a					
indicated (Of this report or supplemental report is true	and accurate and that	e everimbinou stated in 2	ecuon 119.07(3)(i), Florida Statutes. I fui	ther certify that the in	formation		

12. of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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 10 or Block 11 if (PRESI)

SIGNATURE:

9544671898