FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91776 040 ***151.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000089618

1. Entity Name
TOP FORM, INC.

11041061

Principal Place of Business	Mailing Address
1621 PALM AVE. WINTER PARK, FL 32789	1621 PALM AVE. WINTER PARK, FL 32789

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5282 TOWER WAY	5282 TOWER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD, FL	City & State: SANFORD, FL
Zip: 32773 Country: SEMINOLE	Zip: 32773 Country: SEMINOLE

4. FEI Number: 05 0526927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RADER, ROBERT W
1621 PALM AVE.
WINTER PARK, FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] ROBERT W. RADER / PRES. 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 [illegible] Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Delete ROBERT W. RADER 1621 PALM AVE WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT OPERATIONS ☐ Change ☒ Addition JOHN C. FREELAND 937 N. ALABAMA AVE DELAND, FL 32734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT W. RADER / PRES 4/25/03 407-3264883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #