

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37926

1. Entity Name

TOP PRIORITY SALES, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90633 004 ***550.00

Principal Place of Business

Mailing Address

P.O. BOX 51980
PALO ALTO CA 94303

P.O. BOX 51980
PALO ALTO CA 94303-0743

2. Principal Place of Business

2201 Royal Ln., Ste. 230

Suite, Apt. #, etc.

3. Mailing Address

2201 Royal Ln., Ste. 230

Suite, Apt. #, etc.

City & State

Irving, TX

City & State

Irving, TX

4. FEI Number

77-0301938

Applied For

Not Applicable

Zip

Country

75063

U.S.A.

Zip

Country

75063

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

NRAI Services, Inc.

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

526 E. Park Ave.

City

Tallahassee

FL

32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WISE, JEFFREY	
STREET ADDRESS	800 BERKELEY AVENUE	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WISE, KATHERINE	
STREET ADDRESS	800 BERKELEY AVENUE	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, JANE	
STREET ADDRESS	755 PAGE MILL ROAD	
CITY-ST-ZIP	PALO ALTO CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Richard J. D'Amico	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President/Director/Secretary	
STREET ADDRESS	2201 Royal Ln., Ste. 230	
CITY-ST-ZIP	Irving, TX 75063	
TITLE	Randy A. Walker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	2201 Royal Ln., Ste. 230	
CITY-ST-ZIP	Irving, TX 75063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard J. D'Amico

Richard J. D'Amico, President

Date

Daytime Phone #

CR2E034 (9/99)