

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90593 028 ***150.00

DOCUMENT # P93000043382

1. Entity Name
TOPLIFF PAINTING, INC.



Principal Place of Business
**17571 ROCKEFELLER CIR
FORT MYERS FL 33912-5805**

Mailing Address
**17571 ROCKEFELLER CIR
FORT MYERS FL 33912-5805**

2. Principal Place of Business

3. Mailing Address

574 SANFORD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FT. MYERS FL

Zip

Country

Zip

Country

33919-3134 454

4. FEI Number

65-0428203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOPLIFF, JACK E JR
7121-B CONGDON RD
FORT MYERS FL 33908-4216**

Name

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

574 SANFORD DR.

City

FT. MYERS

FL

Zip Code

33919

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, 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

Make Check Payable to 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 ☐ Delete
NAME **P**
STREET ADDRESS **TOPLIFF, JACK E JR**
CITY-ST-ZIP **7121-B CONGDON RD
FORT MYERS FL 33908**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **574 SANFORD DR**
CITY-ST-ZIP **FT. MYERS, FL 33919-3134**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **TOPLIFF, ROBERT**
CITY-ST-ZIP **7121-A CONGDON RD
FT MYERS FL 33908**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5219 CEDAR BEND DR., #4**
CITY-ST-ZIP **FT. MYERS, FL 33919**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **TOPLIFF, KATHY**
CITY-ST-ZIP **7121-B CONGDON RD
FORT MYERS FL 33908**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **574 SANFORD DR.**
CITY-ST-ZIP **FT. MYERS, FL 33919-3134**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MILES, MITCHELL L**
CITY-ST-ZIP **7961 GLADIOLUS DR APT #201
FORT MYERS FL 33908**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **TOPLIFF, TODD**
CITY-ST-ZIP **7121-A CONGDON RD
FORT MYERS FL 33908**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOPLIFF, MICHAEL**
CITY-ST-ZIP **7121-B CONGDON RD
FORT MYERS FL 33908**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **7447 ALBANY RD.**
CITY-ST-ZIP **FT. MYERS, FL 33912**

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: **KATHY A. TOPLIFF** 2/8/03 (239)433-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)