

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90078 009 ***150.00

DOCUMENT # P93000087168

1. Entity Name
S.E. TOPS OF FLORIDA, INC.

Principal Place of Business 5868 ENTERPRISE PARKWAY FT. MYERS FL 33905	Mailing Address 5868 ENTERPRISE PARKWAY FT. MYERS FL 33905
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0456528	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARS, DALE W
5868 ENTERPRISE PARKWAY
FT. MYERS FL 33905

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARS, DALE W 1144 SE 13TH TERRACE CAPE CORAL FL 33990	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARS, SHARON D 1144 SE 13TH TERRACE CAPE CORAL FL 33990	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 Romano Key Circle PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	301 ROMANO KEY CIRCLE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/>	<input type="checkbox"/>

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: Sharon D. Mars **SHARON D. MARS SEC-TREAS** 1/11/01 941-693-2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)