

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90016 021 ***150.00

0084296

DOCUMENT # P94000030445

1. Entity Name
TOP LINE CINEMA INC.

Principal Place of Business Mailing Address
1404 LAFAYETTE ST **1404 LAFAYETTE ST**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**
US **US**

434E24



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0495268**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOPPEL, RHONDA
5948 SW 1 AVE
CAPE CORAL FL 33914

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: *Rhonda Toppel*

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TOPPEL, RHONDA	
STREET ADDRESS	5948 SW 1ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TOPPEL, MICHAEL	
STREET ADDRESS	5948 SW 1ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SUSAN BEAUVOIS	
STREET ADDRESS	15467 Crystal Lake Dr.	
CITY-ST-ZIP	Ht. Myers, FL 33917	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rhonda Toppel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

03-27-D1 9415400968

Date

Daytime Phone #

CR2E034 (10/00)