

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034670

1. Entity Name

TOPPER REALTY, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90030 048 \*\*\*150.00

C0034853



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13540 N FLORIDA AVE  
#103-5  
TAMPA FL 33613  
US

Mailing Address  
13540 N FLORIDA AVE  
#103-5  
TAMPA FL 33613  
US

2. Principal Place of Business  
307 E 131st Avenue

3. Mailing Address  
307 E 131st Avenue

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip 33612 Country

4. FEI Number 59-3241435

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BOYETTE, MICHAEL C  
THE TRAVELIN' TAXMAN  
28237 SR 54 WEST  
WESLEY CHAPEL FL 33543-4207

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	PDT TOPPER, JUANEL H 307 3 131ST AVENUE TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TOPPER, BARRY R 307 E 131ST AVE TAMPA FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Juanel H. Topper Juanel H. Topper 3-14-01 813-960-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/22/01

CR2E034 (10/00)