2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049162 May 14, 2001 8:00 am Secretary of State AT THE TOP, INC. 05-14-2001 90025 005 ***150.00 Principal Place of Business Mailing Address 1140 LEE BOULEVARD 1140 LEE BOULEVARD CORAL PLAZA UNIT 110 **CORAL PLAZA UNIT 110** LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0588321 Not Applicable, Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, KIM Street Address (P.O. Box Number is Not Acceptable) 1140 LEE BOULEVARD **CORAL PLAZA UNIT 110 LEHIGH ACRES FL 33936** City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Addition MILLER, KIM NAME NAME 2017 Fitch Ave 2017 Fitch Ave 804 E JASMINE STREET ADDRESS STREET ADDRESS FL CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP 33920 TITLE TITLE ☐ Addition ☐ Delete PURSEL, AMANDA NAME NAME 1414 MCARTHUR AVE. STREET ADDRESS STREET ADDRESS 33972 LEHIGH ACRES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change MILLER, ELI E NAME NAME 2017 Fitch Ave STREET ADDRESS 804 E JASMINE STREET ADDRESS ZZ 920 CITY-ST-ZIP Lehigh Acres Fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PURSEL, ANTHONY C NAME NAME 1414 MCARTHUR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP 33972 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Pinsel Anthony Chursel VP 1:23 2001
RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date