

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90083 021 ***150.00

DOCUMENT # P98000033489

1. Entity Name

TOP FLORA, INC.

Principal Place of Business

**17310 SW 95TH AVE.
ARCHER FL 32618**

Mailing Address

**P.O. BOX 1034
ARCHER FL 32618**

2. Principal Place of Business

17310 SW 95TH AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1034

Suite, Apt. #, etc.

City & State

ARCHER, FL

City & State

ARCHER, FL

Zip

32618

Country

USA

Zip

32618

Country

USA

4. FEI Number

59-3514735

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, WILLIAM K
17310 SW 95TH AVE.
ARCHER FL 32618**

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM K	
STREET ADDRESS	17310 SW 95TH AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, GLADYS W	
STREET ADDRESS	17310 SW 95TH AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	P	<input type="checkbox"/> Delete
NAME	DESIRELLO, ARMANDO E	
STREET ADDRESS	17302 SW 95TH AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, JACQUELINE N	
STREET ADDRESS	17302 SW 95TH AVE.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO DESIRELLO

Date

Daytime Phone #

1-19-01
791-00 (352) 495-7340

CR2E034 (10/00)