


FILED
Jan 24, 2005 08:00 AM
Secretary of State

| | | |
|---|-------------------------|---|
| <div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P99000049160 1. Entity Name TOPSIDE ENTERPRISES, INC.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 1514 BERNITA ST. JACKSONVILLE, FL 32211</div><div>Mailing Address 1514 BERNITA ST. JACKSONVILLE, FL 32211</div></div> | | Secretary of State |
| DO NOT WRITE IN THIS SPACE | | <div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: 10px;">01182005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"><div>4. FEI Number 58-2475439</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; font-size: 10px;"><div>5. Certificate of Status Desired <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div> |
| 6. Name and Address of Current Registered Agent BARBER, DOROTHY C 1514 BERNITA ST. JACKSONVILLE, FL 32211 | | DO NOT WRITE IN THIS SPACE |
| 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. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE | P | DO NOT WRITE IN THIS SPACE |
| NAME | BARBER, DOROTHY C | |
| STREET ADDRESS | 5325 SANTA ROSA WAY | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 | |
| TITLE | ST | |
| NAME | CHAMBERLAIN, ADRIENNE B | |
| STREET ADDRESS | 1960 WOODLEIGH DR | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 | |
| TITLE | VP | |
| NAME | CHAMBERLAIN, BRETT R | |
| STREET ADDRESS | 1960 WOODLEIGH DR | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 | |
| TITLE | | DO NOT WRITE IN THIS SPACE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered | | |
| SIGNATURE: <u>Dorothy C. Barber, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>1/19/05</u> <small>Date Daytime Phone #</small> |