

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:55

DOCUMENT # P99000056267

1. Entity Name
Tip Top Transport, Inc.

Principal Place of Business Mailing Address
7606 NW 88 Circle 7606 NW 88 Circle
Tamarac, Fl. 33321 Tamarac, Fl. 33321

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
650928716 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Karen Robinson
7606 NW 88 Circle
Tamarac, Fl. 33321

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	<u>P ROBINSON, HUGH</u>
STREET ADDRESS	<u>7606 NW 88 CIRCLE</u>
CITY-ST-ZIP	<u>TAMARAC, FL. 33321</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>000003459720--3</u>
CITY-ST-ZIP	<u>-11/03/00--01117--003</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>***150.00 ***150.00</u>
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
NAME	
STREET ADDRESS	AD
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: Hugh Robinson **HUGH ROBINSON** Date: 10/12/00 Daytime Phone #: 9546462099

CR2E034 (5/00)

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September 7, 2000

Tip Top Transport Inc.,
7606 NW 88 Circle,
Tamarac, FL, 33321.

Attention: Division of Corporation.
Re: Renewal

Dear Sirs,

I had mailed a check to your office for \$150.00 on April 5, 2000 for renewal and it never cleared my bank. I contacted your office about it on September 7, 2000 and I spoke to Tyrone who recommended that I mail another check for \$150.00 ask that the late fees be waived.

I hereby request that the late fees be waived. Enclosed please find my check for \$150.00 for the corporation renewal fee.

Thank you for your cooperation.



Karen Robinson
Tip Top Transport Inc.