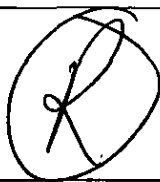


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078926

1. Entity Name
TOP DOLLAR SOLUTIONS, INC.



FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90017 012 ***158.75

Principal Place of Business
633 EMERALD LANE
FORT WALTON BEACH FL 32547

Mailing Address
633 EMERALD LANE
FORT WALTON BEACH FL 32547



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3596052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUIN, COURTNEY A
633 EMERALD LANE
FORT WALTON BEACH FL 32547

Name

Courtney Quin Gable

Street Address (P.O. Box Number is Not Acceptable)

633 Emerald Lane

City

Fort Walton Beach

FL

Zip Code

32547

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

Courtney Quin Gable
Signature, typed or printed name of registered agent, and title if applicable.

Courtney Quin Gable, President
(NOTE: Registered Agent signature required when reinstating)

9/06/00
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 ☐ Delete
NAME D
STREET ADDRESS HARRELL, WALTER ROBBIN
CITY-ST-ZIP 123 CLIFFORD DRIVE
SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS QUIN, COURTNEY A
CITY-ST-ZIP 633 EMERALD LANE
FORT WALTON BEACH FL 32547

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS Gable, Courtney Quin
CITY-ST-ZIP 633 Emerald Lane
Fort Walton Beach, FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Courtney Quin Gable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/00
Date

(850) 651-9506
Daytime Phone #

CR2E034 (5/00)

attachment
999000078926
B0105790

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

CERTIFIED A TRUE
AND CORRECT COPY
CLERK CIRCUIT COURT
BY *[Signature]*
DEPUTY CLERK

6/28/00

000000727

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) BRAD SHANE GABLE			2. DATE OF BIRTH (Month, Day, Year) Aug. 08, 1969		
3a. RESIDENCE - CITY, TOWN, OR LOCATION FT WALTON BCH		3b. COUNTY OKALOOSA		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) COURTNEY ANN QUIN			5b. MAIDEN SURNAME (If different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION FT WALTON BCH		7b. COUNTY OKALOOSA		7c. STATE FLORIDA	
			6. DATE OF BIRTH (Month, Day, Year) Jul. 16, 1969		
			8. BIRTHPLACE (State or Foreign Country) MISSISSIPPI		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Brad Shane Gable</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) May. 09, 2000	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Courtney Ann Quin</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) May. 09, 2000	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE OKALOOSA	18. DATE LICENSE ISSUED 05-09-00	19a. DATE LICENSE EFFECTIVE 05-12-00	19. EXPIRATION DATE 07-08-00
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>		20b. TITLE CLERK OF COURT	
		20c. BY D.C. edw	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 6-24-00		22. CITY, TOWN, OR LOCATION OF MARRIAGE Shalimar, FL	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Berry Shadwick</i>		23c. ADDRESS (Of person performing ceremony) 631 Cambria Ave, Ft. FL 32547	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notation) <i>Berry Shadwick</i>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

28. SOCIAL SECURITY NUMBER 467-65-2514		27. RACE Caucasian		28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 28a, 28b, and 29c	
						28a. NO. OF THIS MARRIAGE 2	
						28b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	
						28c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) 10/25/1999	
30. SOCIAL SECURITY NUMBER 426-04-0244		31. RACE Caucasian		32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 32a, 32b, and 33c	
						32a. NO. OF THIS MARRIAGE 1	
						32b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	
						32c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)	

attachment
Pg 9 000078926
B0105790

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Dept. of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32309-0135

2. Article Number (Copy from service label)

7099 3220 0010 2883 2538

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

MAR 17 1999

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Dept. of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32309-0135

2. Article Number (Copy from service label)

7099 3220 0010 2883 2538

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

MAR 17 1999

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

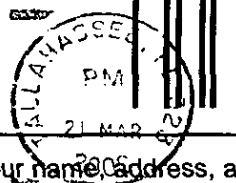
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

attachment
P99000078926
B0105790

UNITED STATES POSTAL SERVICE



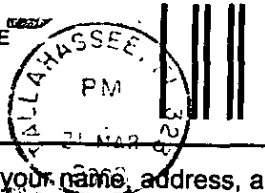
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

TOP DOWN SOLUTIONS, Inc
633 Emerald Lane
Ft. Walton Bch, FL 32547

32547+1476

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

TOP DOWN SOLUTIONS, Inc
633 Emerald Lane
Ft. Walton Bch, FL 32547

32547+1476

attachment
P99000078926
B0105790

SEPTEMBER 6, 2000

TOP DOLLAR SOLUTIONS, INC.
633 Emerald Lane
Fort Walton Beach, FL 32547
(850) 651-9506

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report filed March 17, 2000

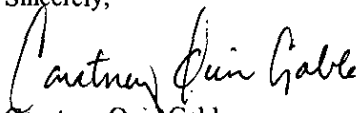
To whom it may concern:

I am writing in response to a second notice on the 2000 Uniform Business Report that I filed March 17, 2000. When I sent the original report in, I had the letter sent with a return receipt. In the letter I had the original copy of the report and a check number 502 for the \$150 fee. I received the return receipt back in the mail and assumed that the report and check would be processed. When I received the second notice I checked my bank statements and the check has never cleared.

I called the Reinstatement Office and was told that I should fill out the second notice copy of the report, attach copies of the original return receipts, and send another check for \$150 and cancel the first one. Attached you will find copies of two return receipts for the UBR and another document that was sent to the Florida Department of Revenue the same day. I was unsure which you would need for tracking so I attached both. You will also find a copy of my marriage certificate as I am the registered agent and my name changed due to marriage in June after filing the original report. I am also going to include the additional \$8.75 to request a certificate of status to make sure that we have been properly reinstated as an active S corp. I will FED EX overnight the report and check this time and call to confirm receipt.

Please contact me if there is any additional information that I can provide. I assure you that we mailed all of this information the first time in good faith and should not be required to pay the late filing fee. Thank you in advance for your assistance.

Sincerely,



Courtney Quinn Gable
President, TOP DOLLAR SOLUTIONS, INC.