2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000078926

Entity Name: TOP DOLLAR SOLUTIONS, INC.

Current Principal Place of Business:

633 EMERALD LANE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

139 GARDNER DRIVE
SHALIMAR, FL 32579

Current Mailing Address:

633 EMERALD LANE
FORT WALTON BEACH, FL 32547

New Mailing Address:

139 GARDNER DRIVE
SHALIMAR, FL 32579

FEI Number: 59-3596052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GABLE, COURTNEY Q
633 EMERALD LANE
FORT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

GABLE, COURTNEY Q
139 GARDNER DRIVE
SHALIMAR, FL 32579

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: _____ 04/04/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRELL, WALTER ROBBIN
Address: 123 CLIFFORD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: PD ( ) Delete
Name: GABLE, COURTNEY Q
Address: 633 EMERALD LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: GABLE, COURTNEY Q
Address: 139 GARDNER DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTNEY Q GABLE PD 04/04/2002
Electronic Signature of Signing Officer or Director — Date