

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S78703

1. Entity Name

TIP TOP CONSTRUCTION INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90419 013 ***150.00

Principal Place of Business	Mailing Address
RT 3, BOX 5982 HAVANA FL 32333	RT 3, BOX 5982 HAVANA FL 32333-9751

2. Principal Place of Business	3. Mailing Address
338 Tall Timbers Rd. Suite, Apt. #, etc.	338 Tall Timbers Road Suite, Apt. #, etc.
338 Tall Timbers Road City & State	Havana, FL City & State
Havana, FL Zip	32333 Country
32333 Gadsden	32333 Gadsden



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3091308	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEKMAN, JEFFREY F
TALL TIMBERS ROAD
HAVANA FL 32333

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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEKMAN, JEFFREY	NAME	
STREET ADDRESS	RT 3 BOX 5982	STREET ADDRESS	338 Tall Timbers Rd.
CITY-ST-ZIP	HAVANA FL	CITY-ST-ZIP	Havana FL 32333
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEKMAN, SUSAN	NAME	
STREET ADDRESS	RT 3 BOX 5982	STREET ADDRESS	338 Tall Timbers Rd.
CITY-ST-ZIP	HAVANA FL	CITY-ST-ZIP	Havana, FL 32333
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEKMAN, SHIRLEY	NAME	
STREET ADDRESS	RT 4 BOX 410	STREET ADDRESS	47 Kings Court
CITY-ST-ZIP	HAVANA FL 32333	CITY-ST-ZIP	Havana, FL 32333
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Susan Diekman</u>	4-20-00	850-539-6194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)