

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90569 001 ***150.00

DOCUMENT # S78703

1. Entity Name
TIP TOP CONSTRUCTION INC.

Principal Place of Business

**338 TALL TIMBERS RD
 HAVANA FL 32333**

Mailing Address

**338 TALL TIMBERS RD
 HAVANA FL 32333**

2. Principal Place of Business

106 1st St. N.E.

3. Mailing Address

P.O. Box 1167

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

4. FEI Number

59-3091308

Applied For

Not Applicable

Zip
32333

Country
USA

Zip
32333

Country
USA

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

6. Name and Address of Current Registered Agent

**DIEKMAN, JEFFREY F
 TALL TIMBERS ROAD
 HAVANA FL 32333**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
338 Tall Timbers Road
 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 of typist or printed name of registered agent and title if applicable

(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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

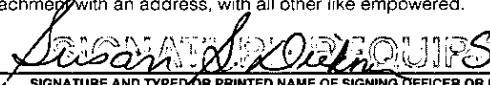
TITLE	P	☐ Delete
NAME	DIEKMAN, JEFFREY	
STREET ADDRESS	338 TALL TIMBERS RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	VP	☐ Delete
NAME	DIEKMAN, SUSAN	
STREET ADDRESS	338 TALL TIMBERS RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	☐ Delete
NAME	DIEKMAN, SHIRLEY	
STREET ADDRESS	338 TALL TIMBERS RD	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

 **Susan S. Diekman, V.P.**

Date

Daytime Phone #

4-19-02 850-539-6122

CR2E034 (9/01)