

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 005 ***150.00

DOCUMENT # **P960040857**

1. Entity Name

TOP Shelf Produce Growers Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2708 Sw 23rd Cranbrook Drive

3. Mailing Address

2708 Sw 23rd Cranbrook Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bayton Bch Florida

City & State

Bayton Beach Florida

4. FEI Number

22-3450855

Applied For

☒ Not Applicable

Zip

33436

Country

USA

Zip

33436

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Christopher Boyd

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

2708 Cranbrook Drive

City

Bayton Beach

FL

Zip Code

33436

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Christopher Boyd

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Christopher Boyd
2708 Sw 23rd Cranbrook Drive
Bayton Bch, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, S
Barbara K Boyd
2708 Cranbrook Drive
Bayton Bch, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

#P960040857
940.19596

I requested this form so that I
could make the current Secretary
Barbara K Boyd Vice President as
well as Secretary - I don't
know if I filled the form out
correctly. Along with this correspond-
ence is my 150⁰⁰ Annual renewal
fee. If there are any problems
I can't be reached at

954-415-5828.

Thank you

Barbara Boyd

Barbara Boyd