

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED  
 PAGE 1 of 2

DOCUMENT # **P97000018109**  
 1. Entity Name  
**TOP NOTCH BY MISTY, INC.**

00 JUL 31 AM 10:51

Principal Place of Business Mailing Address  
 11215 PARK SIDE ROAD 11215 PARK SIDE ROAD  
 BRADENTON FL 34202 BRADENTON FL 34202

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3436488** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PREWETT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**100003354511--1**  
**-08/11/00--01100--017**  
 City **\*\*\*\*150.00 FL \*\*\*\*150.00** 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 \_\_\_\_\_ (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 \$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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTSD<br>DOYON, MISTY<br>11215 PARK SIDE ROAD<br>BRADENTON FL 34202 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>POPE, GARY J<br>11215 PARK SIDE RD<br>BRADENTON FL 34202 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>Nancy Veillion<br>11005 Parkside Pkce<br>Bradenton FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S-D POPE, Gary J.<br>11215 Parkside Pl.<br>Bradenton FL 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00 941-755-7020  
 Date Daytime Phone #

CR2E034 (5/00)

7-10-00

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

Dear Mr. Yarbrough,

My name is Misty Doyon. I am the owner of TOP NOTCH BY, MISTY, INC. The business has been owned since 1997, and is a very small business. In the past I have always been on top of all regulations in which to keep proper records and bills owed for the corp. paid on time. When I went to the mail box and received a second notice for the (UBR) Report, I about had a heart attack. Mr. Yarbrough I never received a first notice. There is a large difference between \$150.00 to \$550.00. If I would have received the first notice it would have been paid on time. I have always for the past 3 years promptly taken care of this. I would greatly appreciate it if the \$550.00 could please be dismissed and the original \$150.00 be reinstated.

Thank You,

TOP NOTCH BY, MISTY, INC.

*Misty A. Doyon*  
Misty A. Doyon