

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-12-2002 90575 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K90995**

1. Entity Name  
**TOP NOTCH PAINTING, INC.**

Principal Place of Business <b>1340 SW 1ST WAY          DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1340 SW 1ST WAY          DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business <b>149 S.E. 4 St          Suite, Apt. #, etc.          Bay 23</b>	3. Mailing Address <b>4311 N.E. 12 AVE          Suite, Apt. #, etc.</b>
City & State <b>Deerfield Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33441</b>	Country
Zip <b>33064</b>	Country

4. FEI Number <b>65-0125529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHADWICK, JOHN DOUGLAS          1340 SW FIRST WAY          DEERFIELD BEACH FL 33441</b>	7. Name and Address of New Registered Agent Name <b>Chadwick John Douglas</b> Street Address (P.O. Box Number is Not Acceptable) <b>4311 N.E. 12 AVE</b> City <b>Pompano Beach, FL</b> Zip Code <b>33064</b>
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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 *John D. Chadwick* **John D. Chadwick** DATE **4/23/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHADWICK, DEBORAH JEAN 1340 SW FIRST WAY DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>149 S.E. 4 St. Bay 23 Deerfield Beach, FL. 33441</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHADWICK, JOHN DOUGLAS 1340 SW FIRST WAY DEERFIELD BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>149 S.E. 4 St. Bay 23 Deerfield Beach, FL. 33441</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *John D. Chadwick* **John D. Chadwick** DATE **4/23/02** DAYTIME PHONE # **954 426-2120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)