

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91475 033 ***150.00

DOCUMENT # **F01000005553**

1. Entity Name

TOP SHELF WOODWORKS, INC



DO NOT WRITE IN THIS SPACE

10088417

2. Principal Place of Business

5125 W. JACKSON ST.

Suite, Apt. #, etc.

3. Mailing Address

5125 W. JACKSON ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA FL

City & State

PENSACOLA, FL

4. FEI Number

63-1280413

Applied For

Not Applicable

Zip
32506

Country
USA

Zip

32506

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHANIE BARSHOV

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

10311 GULF BEACH HWY

City

PENSACOLA

FL

Zip Code

32507

**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

Stephanie Barshov

STEPHANIE BARSHOV

4-24-03

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	P
NAME	STEPHANIE BARSHOV
STREET ADDRESS	10311 GULF BEACH HWY
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	ST
NAME	JESSICA BARSHOV
STREET ADDRESS	901 N. 14th ST.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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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:

Stephanie Barshov

STEPHANIE BARSHOV

4/24/03

850-453-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)