2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED
Mar 17, 2003 8:00 am & Secretary of State

1. Entity Name TOP SHELF REALTY, INC.				03-17-2003 90131 030 ***150.00
Principal Place of Business 1384 PIERCE STREET CLEARWATER FL 33756	Mailing Address 1384 PIERCE STREET CLEARWATER FL 33756			I 1881/1881 IN 1881/N CONTROL ORDIN
2. Principal Place of Business 3/3 5 Myrt le Aue Suite, Apt. #, etc.	3. Mailing Address 2/3 S. May Y Suite, Apt. #, etc.	tle A		☐ CHECK HERE IF MAKING CHANGES
Searwater Fl	City & State	n FI	, 4	59-3645647 Applied For Not Applied For
Zip 33756 Country (15A	3375C	Country USA	5	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curi	rent Registered Agent		7.	. Name and Address of New Registered Agent
		Name	Phris	Shatture
CORPORATION SERVICE COMPANY		Street A	ddress (P.O.	D. Box Number is Not Acceptable)
1201 HAYS STREET			~ .	
TALLAHASSEE FL 32301-2525		29	14 (country awds hr.
· \$		City	1/m	Harbor FL Zip Code 53
8. The above named entity submits this stateme the obligations of registered agest.	nt for the surpose of changing its	registered office or	registered a	agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or spirited name of registered a	agent and title if applicable. (NOTE	E: Registered Agent signatu	ire required wher	1/21/2003 en reinstating)
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550 Make Check Payable to Florida Departmen		1-1		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS A	AND DIRECTORS	11.	A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME RATTRAY, CHRIS L STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756	≥ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ray, Chris L. 5. Myrtle fre water, Fl 33756
TITLE D NAME BEAUDRY, ANNE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756	☐ Jelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		change Addition 5. Myrtle Ave
TITLE NAME STREET ADDRESS CITY-ST-ZIP	r ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

indicated on this report or supplied with this him gues not quality 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 Block 11 if changed, or on an attachment with an addition with all other like empowered.

SIGNATURE: