

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90874 001 ***300.00

DOCUMENT # P02000022792					
1. Entity Name TOP DAWG ALLSTARS, INC.					
Principal Place of Business 209 FARRINGTON LANE KISSIMMEE, FL 34744			Mailing Address 209 FARRINGTON LANE KISSIMMEE FL 34744		
2. Principal Place of Business		3. Mailing Address		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <div style="font-size: 1.5em; font-family: cursive;">810546388</div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SIBLEY, SALLY 209 FARRINGTON LANE KISSIMMEE FL 34744				7. Name and Address of New Registered Agent Name <u>Catherine Lanier</u> Street Address <u>2231 1st Bronson Hwy.</u> City <u>Kissimmee</u> <u>FL</u> Zip <u>34744</u>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE </div> <div style="width: 40%; text-align: right;"> 3/28/03 DATE </div> </div> <p style="font-size: 0.8em; margin-top: 5px;"> (NOTE: Registered Agent signature required when reinstating) </p>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIER, CATHERINE 2386 SWEETWATER BOULEVARD ST. CLOUD FL 34772	<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	D COLLINS, KERRIE 224 LATONIA STREET KISSIMMEE FL 34741	<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	
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	
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 Block 11 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE: 			SIGNATURE REQUIRED <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 3/28/03 Date </div> <div style="width: 40%; text-align: right;"> 407-343-5500 Daytime Phone # </div> </div>		

CR2E034 (10/02)