

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90145 039 ***550.00

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DOCUMENT # P02000044116

1. Entity Name

THE TOP SHOP OF KISSIMMEE, INC.



Principal Place of Business

2899 BIG SKY BLVD
KISSIMMEE FL 34744

Mailing Address

2899 BIG SKY BLVD
KISSIMMEE FL 34744

2. Principal Place of Business

850 N. Hoagland

Suite, Apt. #, etc.

850

3. Mailing Address

2535 E. Irlo Bronson Hwy

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEL Number

03-0424803

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FOUST, KATHLEEN M~~
17 S ORLANDO AVE
KISSIMMEE FL 34741

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LAWYER, PATRICK
STREET ADDRESS 5692 MERLIN WAY
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LAWYER, DEBRA
STREET ADDRESS 5692 MERLIN WAY
CITY-ST-ZIP ST CLOUD FL 34772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 all other like empowered.

SIGNATURE:

Debra Lawler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03 407 908 0711

Date

Daytime Phone #

CR2E034 (10/02)