

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91797 005 \*\*\*150.00

0437138 AV

**DOCUMENT # P02000052407**

1. Entity Name  
**TOP CLASS CONSULTING, INC.**



Principal Place of Business  
**2901 CLINT MOORE ROAD. #234  
BOCA RATON FL 33496**

Mailing Address  
**2901 CLINT MOORE ROAD. #234  
BOCA RATON FL 33496**



2. Principal Place of Business **DR**  
**18665 SHAUNA MANOR**

3. Mailing Address **DR**  
**18665 SHAUNA MANOR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

4. FEI Number  
**01-0686950**

Applied For  
Not Applicable

Zip Country  
**33496 USA**

Zip Country  
**33496 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

**RICHARDS, JASMIN HOPE  
18665 SHAUNA MANOR DRIVE  
BOCA RATON FL 33496**

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

JASMIN HOPE RICHARDS 4/30/03  
(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 **P** ☐ Delete  
NAME **RICHARDS, JASMIN HOPE**  
STREET ADDRESS **18665 SHAUNA MANOR DRIVE**  
CITY-ST-ZIP **BOCA RATON FL 33496**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 all other like empowered.

SIGNATURE: Jasmin Hope Richards JASMIN HOPE RICHARDS 4/30/03 561-852-6882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)