

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000122741

1. Entity Name

THE UPPER CRUST ADMINISTRATIVE SERVICES INC.



FILED

Feb 26, 2007 08:00 AM

Secretary of State

Principal Place of Business

2015 N. DIXIE HWAY  
LAKE WORTH FL 33460

Mailing Address

2015 N. DIXIE HWAY  
LAKE WORTH FL 33460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 06-1663572

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COYOTE ACCOUNTING, INC.  
12230 W. FOREST HILL BLVD. SUITE 178  
WELLINGTON FL 33414

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, 2007 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 QUINTERO, RUDY  
STREET ADDRESS 6182 MOONBEAM DRIVE  
CITY-STATE-ZIP LAKE WORTH FL 33460

TITLE ☐ Change ☐ Addition  
NAME U00000648225  
STREET ADDRESS 03/06/07-80103-022 150.00  
CITY-STATE-ZIP

TITLE VP ☐ Delete  
NAME QUINTERO, JODIE  
STREET ADDRESS 6182 MOONBEAM DRIVE  
CITY-STATE-ZIP LAKE WORTH FL 33460

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

TITLE TS ☐ Delete  
NAME INGLE, STEPHANIE  
STREET ADDRESS 6182 MOONBEAM DRIVE  
CITY-STATE-ZIP LAKE WORTH FL 33460

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

TITLE ☐ Delete  
NAME  
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-07 561-596-5456