

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90018 022 ***158.75

DOCUMENT # P95000051064

1. Entity Name

TOP HAT SERVICES, INC.

Principal Place of Business

Mailing Address

WILLIAM MCCANN
500 EGRET CIR. APT. 8505
DELRAY BEACH FL 33444

WILLIAM MCCANN
500 EGRET CIR. APT. 8505
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0593501

Applied For

Not Applicable

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

MCCANN, WILLIAM
500 EGRET CIR. APT. 8505
DELRAY BEACH FL 33444

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	MCCANN, WILLIAM	
STREET ADDRESS	500 EGRET CIR. APT. 8505	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCANN, PAULA Z	
STREET ADDRESS	500 EGRET CIR. APT. 8505	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William McCann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02 954 422 3146
Date Daytime Phone #

CR2E034 (9/01)