

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90245 043 ***150.00

DOCUMENT # P97000082542

1. Entity Name

TOP KNOTCH MARINE SERVICES, INC.

Principal Place of Business

Mailing Address

200 SW MONTEREY ROAD
STUART FL 34994
US

716 OCEAN DUNES CIR
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Top Knotch Marine

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16734 106th Ter, N

City & State

City & State

Jupiter FL

Zip

Country

Zip

Country

33478 USA.

4. FEI Number 65-0783982

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

ARNOLD-GLASSER, MARK
716 OCEAN DUNES CIRCLE
JUPITER FL 33477

Name Mark A Glasser

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

16734 106th Ter N

City Jupiter, FL

FL

Zip Code 33478

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

Mark A Glasser
(NOTE: Registered Agent signature required when reinstating)

4/16/01
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, 2001 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 P
NAME ARNOLD-GLASSER, MARK
STREET ADDRESS 716 OCEAN DUNES CIR
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

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

TITLE S
NAME ARNOLD-GLASSER, NANCY
STREET ADDRESS 716 OCEAN DUNES CIR
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Mark A Glasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/16/01 561-662-1595
Date Daytime Phone #

CR2E034 (10/00)