

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
 05-30-2000 90048 026 \*\*\*150.00

**DOCUMENT # P98000002406**

1. Entity Name  
**TOP SHELVES BUILDERS INC.**

Principal Place of Business <b>4427 PURDY LANE. #A                  WEST PALM BEACH FL 33406</b>	Mailing Address <b>4427 PURDY LANE. #A                  WEST PALM BEACH FL 33406-7526</b>
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2. Principal Place of Business <b>1001 Mohican Blvd</b>	3. Mailing Address <b>PO Box 603</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jupiter FL</b>	City & State <b>Jupiter FL</b>
Zip <b>33458</b>	Zip <b>33468</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0803463</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**DREW, ROBERT J  
 4427 PURDY LANE, #A  
 WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1001 Mohican Blvd**  
 City **Jupiter** FL Zip Code **33458**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00                  After MAY 1, 2000 Fee will be \$550.00                  Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREW, ROBERT J</b>		NAME		
STREET ADDRESS	<b>1001 MOHICAN BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JUPITER FL 33458</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<b>Shawback, Daniel</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAWBACK, DANIEL P</b>		NAME		
STREET ADDRESS	<b>4427 PURDY LANE, #A</b>		STREET ADDRESS	<b>4216 Dale Road</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406</b>		CITY-ST-ZIP	<b>West Palm Beach, FL 33406-7526</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (9/99)