

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91287 014 ***158.75

0081743 AV

DOCUMENT # P98000010450
 1. Entity Name
TOP-NOTCH LURES, INC.

Principal Place of Business Mailing Address
847 LEOPARD TRAIL P.O. BOX 622557
WINTER SPRINGS FL 32708 OVIEDO FL 32762

2. Principal Place of Business 3. Mailing Address
1049 Chesterfield Cir
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Springs, FL
 Zip Country Zip Country
32708 USA

4. FEI Number **59-3491912** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALLEN, TERASA M
847 LEOPARD TRAIL
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1049 Chesterfield Cir
 City State Zip Code
Winter Springs FL 32708

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 *Terasa M Allen* **Terasa M. Allen** **4/28/02**
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

TITLE **PTC** ☐ Delete
 NAME **ALLEN, TERASA M**
 STREET ADDRESS **847 LEOPARD TRAIL**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VSD** ☐ Delete
 NAME **ALLEN, STANLEY W**
 STREET ADDRESS **847 LEOPARD TRAIL**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1049 Chesterfield Cir**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1049 Chesterfield Cir**
 CITY-ST-ZIP

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 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: *Terasa M Allen* **Terasa M Allen** **4/28/02** **407-696-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)