2002 UNIFORM BUSINESS REPORT (UBR)

P9900005720 DOCUMENT

1. Entity Name

TOP SHOP AUTO UPHOLSTERY, INC.

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 90873 012 ***150.00

Principal Place of Business 4301 OAK CIRCLE #15		Mailing Address 4301 OAK CIRCLE #15							
BOCA RATON FL 33431		BOCA RATON FL 33431							
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2 Principal Place of Bu	ininana	3. Mailing Address							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SP	ACE		
City & State		City & State		4. F	El Number 95-0888974			oplied For ot Applicable	}
Zip	Country	Zip	Country	5. C	ertificate of Status Desired		8.75 Add e Require		
6. Name and Address of Current I		egistered Agent		7. N	7. Name and Address of New Registered Agent				
TOUTY 11100N			Name						
TOMEY, ALLISON	# 4 P		Street Add	dress (P.O. Bo	ox Number is Not Acceptable)				
4301 OAK CIRCLE		•					.		
BOCA RATON FL	33431					·····	a .		
			- City			FL	Zip Cod	e	
	ntity submits this statement for t	the purpose of changing its	registered office or re	egistered age	ent, or both, in the State of Flor	ida.			
_		•							
SIGNATURE	ped or printed name of registered agent an	d title if amplicable (NOTE	: Registered Agent signature	required when rei	optating)	DATE			ļ
	bed or brinten harns or redizieren agent arr	u title it applicable. (1401)	. negistereo Agent signatura	redamen when rev	istating)	Unit			1
	•	T							-
9. This corporation is	eligible to satisfy its Intangible	N I	!! FEE IS \$150.00		10. Election Campaign Fina	· -		00 May Be	
9. This corporation is	nt and elects to do so.	N I	2 Fee will be \$550	0.00	10. Election Campaign Fina Trust Fund Contribution	· -		00 May Be d to Fees	
9. This corporation is a Tax filing requireme	nt and elects to do so.	After May 1, 200 Make Check Payab	2 Fee will be \$550	0.00 of State		. 🗆	Added	d to Fees	
9. This corporation is a Tax filing requireme (See criteria on bac	nt and elects to do so. k) OFFICERS AND D	After May 1, 200 Make Check Payab	2 Fee will be \$550 le to Department of	0.00 of State	Trust Fund Contribution	CERS AND D	Added	d to Fees	(10)
9. This corporation is a Tax filing requireme (See criteria on bace) 11. TITLE P NAME TOMEY	nt and elects to do so. k) OFFICERS AND D BRUCE	After May 1, 200 Make Check Payab	22 Fee will be \$55/le to Department of 12. TITLE NAME	0.00 of State	Trust Fund Contribution	CERS AND D	Added	S IN 11	4 (9/01)
9. This corporation is a Tax filing requireme (See criteria on bace) 11. TITLE P NAME P TOMEY, STREET ADDRESS 3369 AV	nt and elects to do so. k)	After May 1, 200 Make Check Payab	22 Fee will be \$55/le to Department of 12. TITLE NAME STREET ADDRESS	0.00 of State	Trust Fund Contribution	CERS AND D	Added	S IN 11	E034 (9/01)
9. This corporation is a Tax filing requireme (See criteria on bace) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP 9. TOMEY 3369 AV WEST F	nt and elects to do so. k) OFFICERS AND D BRUCE	After May 1, 200 Make Check Payab IRECTORS Delete	22 Fee will be \$550 le to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.00 of State	Trust Fund Contribution	CERS AND D	Added	d to Fees S IN 11 Addition	CR2E034 (9/01)
9. This corporation is a Tax filing requireme (See criteria on bace) 11. TITLE P TOMEY, STREET ADDRESS CITY-ST-ZIP WEST F	of and elects to do so. NOTICERS AND DESCRIPTION OF THE PROPERTY OF THE PROPE	After May 1, 200 Make Check Payab	22 Fee will be \$55/le to Department of 12. TITLE NAME STREET ADDRESS	0.00 of State	Trust Fund Contribution	CERS AND D	Added	S IN 11	CR2E034 (9/01)
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP