## 2003 FOR PROFIT CORPORATION

## FILED Feb 24, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State **DOCUMENT #** P99000105541 1. Entity Name 02-24-2003 90160 009 \*\*\*150.00 AL'S TOPS INC. Principal Place of Business Mailing Address 4574 DYER BLVD 1420 OCEAN WAY #29A UNIT 9 JUPITER FL 33477 WEST PALM BEACH FL 33404 US 2. Principal Place of Business 3. Mailing Address 23 Sand Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0966448 Not Applicable Zip 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, AL Street Address (P.O. Box Number is Not Acceptable) 1420 OCEAN WAY #29A Jupiter FL 33477 Sand Pine 8.4 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. I am familiar with, and accept SIGNATURE t and title if applicable FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete President TITLE Change ☐ Addition YOUNG, SUZANNE NAME Suzanne Young NAME STREET ADDRESS 1420 OCEAN WAY #29 123 Sand Pine Drive STREET ADDRESS JUPITER FL 33477 CITY - ST- ZIP CITY-ST-ZIP Jupiter Fl 33477 TITLE Delete TITI F Change ☐ Addition **BOYKINS, JAMES** NAME NAME STREET ADDRESS 711 57TH ST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Delete TÍTÍ F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME

12. Thereby 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 suppliemental 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP