

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 039 ***150.00

DOCUMENT # S15702

1. Entity Name
TOP NOTCH CATERERS, INC.

DO NOT WRITE IN THIS SPACE

94069312

2. Principal Place of Business 1600 N. Federal Hwy. Suite, Apt. #, etc. #6	3. Mailing Address 1600 N. Federal Hwy. Suite, Apt. #, etc. #6
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DO NOT WRITE IN THIS SPACE

City & State Boynton Beach, FL	City & State Boynton Beach, FL	4. FEI Number 65-0230756	Applied For <input type="checkbox"/> Not Applicable
Zip 33435	Country USA	Zip 33435	Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Marsha A. Kropf
Street Address (P.O. Box Number is Not Acceptable)
1600 N. Federal Hwy., #6
City
Boynton Beach **FL** **Zip Code**
33435

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** _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD NAME Kropf, Marsha A. STREET ADDRESS 1600 N. Federal Hwy #6 CITY-ST-ZIP Boynton Beach, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marsha A. Kropf* **4/22/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwight Phone #

CR2E034B (12/01)