


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

FILED
Aug 24, 2005 8:00 am
Secretary of State

07-18-2005 90039 041 ***150.00

DOCUMENT # 515702	
1. Entity Name <i>Top Notch Caterers, Inc.</i>	

DO NOT WRITE IN THIS SPACE

66026365

2. Principal Place of Business <i>1600 N. Federal Highway</i>	3. Mailing Address <i>1600 N. Federal Highway</i>
Suite, Apt. #, etc. <i>#6</i>	Suite, Apt. #, etc. <i>#6</i>
City & State <i>BOYNTON BEACH FL.</i>	City & State <i>BOYNTON BEACH FL.</i>
Zip <i>33435</i>	Zip <i>33435</i>
Country <i>Palm Beach</i>	Country <i>Palm Beach</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0230756</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <i>MARSHA A. KROFF</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>7856 MANOR FOREST LN.</i>	
City <i>BOYNTON BEACH</i>	FL Zip Code <i>33436</i>

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$67.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>OWNER MARSHA A. KROFF 7856 MANOR FOREST LN. BOYNTON BEACH FL 33436</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>[Signature]</i>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marsha A. Kroff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05

Date

(361) 736-0244

Official Phone #

CR20348 (12/02)

ATTACHMENT

66026365

**Top Notch Caterers Inc.
1600 N. Federal Hwy. #6
Boynton Beach, FL 33435
561-272-2617**

August 18, 2005

Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: #S15702

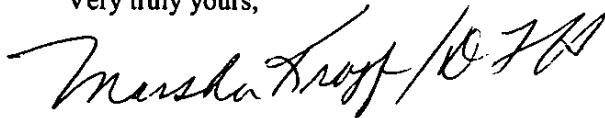
Gentlemen,

Enclosed please find copy of notice I received concerning my annual report. Please be advised that when I received the notification that my annual report was not filed we contacted your office right away. I was advised that if payment was sent in immediately they would remove the \$400.00 penalty, as we did not receive the initial notification.

I am unable to explain why the initial notification did not reach my office but we have had several different mail carriers in our building at that time perhaps it was delivered to another office by mistake and not forwarded onto me.

Thank you for your consideration.

Very truly yours,



Marsha Kropf

Enclosure
MK/dfh



ATTACHMENT

660026305

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 21, 2005

TOP NOTCH CATERERS, INC.
1600 N. FEDERAL HWY. #6
BOYNTON BEACH, FL 33435

Subject: TOP NOTCH CATERERS, INC.

Reference Number:

S15702

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314