FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90479 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15702

1. Entity Name: TOP NOTCH CATERERS, INC.

DO NOT WRITE IN THIS SPACE

50017712

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2. Principal Place of Business	3. Mailing Address
1600 N. Federal Hwy.	1600 N. Federal Hwy.
Suite, Apt. #, etc.: #6	Suite, Apt. #, etc.: #6
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33435 Country: USA	Zip: 33435 Country: USA

4. FEI Number: 65-0230756 ☐ Applied For ☐ Not Applicable

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

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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 ______________________________
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)

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

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CR2E034B (12/01)

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: [signature] 4/27/06 (561) 736-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #