

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90480 015 \*\*\*158.75

0554196

**DOCUMENT # H30268**

1. Entity Name  
**TOP-NOTCH ALUMINUM PRODUCTS, INC.**

Principal Place of Business

**9000 FOXDALE LANE  
 SPRING HILL FL 34608**

Mailing Address

**9000 FOXDALE LANE  
 SPRING HILL FL 34608**

U T I L I Z E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11009 Hearth Rd**

Suite, Apt. #, etc.

3. Mailing Address

**11009 Hearth Rd**

Suite, Apt. #, etc.

City & State  
**Spring Hill FL**

Zip  
**34608**

Country

City & State  
**Spring Hill FL**

Zip  
**34608**

Country

4. FEI Number **59-2470652**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VOLKLE, WALTER  
 9000 FOXDALE LANE  
 SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name **MARK VOLKLE**

Street Address (P.O. Box Number is Not Acceptable)

**11009 Hearth Rd**

City **Spring Hill**

**FL**

Zip **34608**

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 *Mark Volkle*

DATE **4/13/01**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<input checked="" type="checkbox"/> Delete
NAME	VOLKLE, WALTER	
STREET ADDRESS	9000 FOXDALE LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	VOLKLE, GERALDINE	
STREET ADDRESS	9000 FOXDALE LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	VOLKLE, MICHAEL	
STREET ADDRESS	9000 FOXDALE LANE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/SEC/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKLE MARK	
STREET ADDRESS	11009 Hearth Rd	
CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, without other like empowerment.

SIGNATURE: *Mark Volkle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/13/01**

Date

DAYTIME PHONE # **352-686-8917**

Daytime Phone #

CR2E034 (10/00)