

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060464

1. Entity Name  
**TOP NOTCH TRANSFER COMPANY**

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

04-16-2001 90023 024 \*\*\*150.00

Principal Place of Business Mailing Address  
C/P MENDIGUREN, SPRING & ASSOCIATES, P.A. C/P MENDIGUREN, SPRING & ASSOCIATES, P.A.  
6301 N.W. 5TH WAY STE 3600 6301 N.W. 5TH WAY STE 3600  
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**1950 S. Ocean Blvd.** **1950 S. Ocean Blvd.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 312** **Suite 312**  
City & State City & State  
**Pompano Beach, FL** **Pompano Beach, FL**  
Zip Country Zip Country  
**33062-8007** **33062-8007**

4. FEI Number Applied For  
**65-0808112** Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**COOK, JESSE J** Name  
C/P MENDIGUREN, SPRING & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable)  
6301 N.W. 5TH WAY STE 3600 **1950 S. Ocean Blvd #312**  
FT LAUDERDALE FL 33309 City **Pompano Beach FL** Zip Code **33062**

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 *Jesse J Cook* (NOTE: Registered Agent signature required when reinstating) DATE **4/10/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOK, JESSE J</b>		NAME		
STREET ADDRESS	<b>%5300 N.W. 33RD AVE., STE. 220</b>		STREET ADDRESS	<b>1950 S. Ocean Boulevard #312</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP	<b>Pompano Bch, FL 33062-8007</b>	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLE, JOSEPH B</b>		NAME		
STREET ADDRESS	<b>%5300 N.W. 33RD AVE., STE. 220</b>		STREET ADDRESS	<b>1950 S. Ocean Boulevard #312</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>		CITY-ST-ZIP	<b>Pompano Bch, FL 33062-8007</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *X* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)