## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000097809

City-St-Zip:

Entity Name: TOP NOTCH SPECIALTY SERVICES, INC.

FILED Apr 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1306 RAIN FOREST LANE CLERMONT, FL 34711				1301 WINDY MEADOW DR. CLERMONT, FL 34711		
Current Mailing Address:			New Maili	New Mailing Address:		
1306 RAIN FOREST LANE CLERMONT, FL 34711				1301 WINDY MEADOW DR. CLERMONT, FL 34711		
FEI Number	: 59-3682127	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address	of New Registered Agent:	
	MICHAEL I FOREST LAN NT, FL 34711	E	1301 WINI	POLFER, JOHN C 1301 WINDY MEADOW DR. CLERMONT, FL 34711		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both	
SIGNATU	RE: JOHN C.	POLFER		04/21/2002		
	Electron	ic Signature of Registered Age	ent		Date	
•	_	satisfy its Intangible Tax filing req	uirement and elects to	do so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP ( ) POLFER, MICH 1306 RAIN FOF CLERMONT, FL	EST LANE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:		() Change (X) Addition JOHN C DY MEADOW DR. T, FL 34711	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:		()Change(X)Addition FOM J FOREST DR. T, FL 34711	
Title: Name:	( )	Delete	Title: Name: Address:	VP POLFER, N	( ) Change (X) Addition MATHEW J DY BLUFF DR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

CLERMONT, FL 34711

SIGNATURE: JOHN C. POLFER VP 04/21/2002