

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110221

1. Entity Name  
TOP NOTCH AUTO BROKERS, INC.

Principal Place of Business  
815 CROWN POINT CROSS RD  
WINTER GARDEN FL 34787

Mailing Address  
P.O. BOX 699  
OCOE FL 34761

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3687331

Applied For  
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

ZUMBERGE, THOMAS F  
8938 TURNBERRY CT  
ORLANDO FL 32819

Name RODNEY L. YAWN

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

815 CROWN POINT CROSS RD

City WINTER GARDEN

FL

Zip Code 34787

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

THOMAS F. ZUMBERGE

7-16-01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 P  
NAME YAWN, RODNEY L  
STREET ADDRESS 527 3 ST  
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE P  
NAME RODNEY L. YAWN  
STREET ADDRESS 527 3RD STREET  
CITY-ST-ZIP OCOEE, FL 34761 ☒ Change ☐ Addition

TITLE V  
NAME YAWN, RYAN L  
STREET ADDRESS 527 3 ST  
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE VP  
NAME RYAN L. YAWN  
STREET ADDRESS 1518 VILLAGE GREEN RD  
CITY-ST-ZIP ORLANDO, FL 32818 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-01

407-654-4424

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90012 023 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2034 (5/01)