

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90145 037 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14146 C.R. 455
 Suite, Apt. #, etc.

3. Mailing Address
14146 C.R. 455
 Suite, Apt. #, etc.

City & State
Clermont, FL
Zip
34711
Country

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Clermont, FL
Zip
34711
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

YAWN, RODNEY L
815 CROWN POINT CROSS RD
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name **Rodney L. Yawn**
Street Address (P.O. Box Number is Not Acceptable)
14146 C.R. 455
City **Clermont, FL** **Zip Code** **34711**

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]*
 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, 2002 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 **P** ☐ **Delete**
NAME **YAWN, RODNEY L**
STREET ADDRESS **527 3 ST**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **VP** ☐ **Delete**
NAME **YAWN, RYAN L**
STREET ADDRESS **1518 VILLAGE GREEN RD**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)