

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*— Amended —*

DOCUMENT # *P97000100694*

1. Entity Name

*Top Notch Trim*

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FILED

02 NOV -6 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700008819567  
11/06/02--01036--007 \*\*61.25

2. Principal Place of Business *2837 S.W. 26<sup>th</sup> Ave* 3. Mailing Address *2837 S.W. 26<sup>th</sup> Ave*

City & State *Cape Coral, FL* City & State *Cape Coral, FL*  
Country *U.S.A* Country *U.S.A*

4. FEI Number *65-0794667* Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *Michael Classetti*  
Street Address (P.O. Box Number is Not Applicable) *2837 S.W. 26<sup>th</sup> Ave*  
City *Cape Coral* FL Zip Code *33914*

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, 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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>President<br/>Michael Classetti<br/>2837 S.W. 26<sup>th</sup> Ave<br/>Cape Coral, FL 33914</i>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>Bridget Classetti / Vice President<br/>2837 S.W. 26<sup>th</sup> Ave<br/>Cape Coral, FL 33914</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>Treasurer<br/>Chad Parker<br/>1116 S.W. 31<sup>st</sup> St<br/>Cape Coral, FL 33914</i>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>DR 10/13</i>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Classetti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/24/02*

Date

Daytime Phone #