2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000028678** Apr 14, 2000 8:00 am Secretary of State TOP NOTCH SHEET METAL, INC. 04-14-2000 90123 020 ***158.75 Principal Place of Business Mailing Address 3227 SW 175TH AVE 5653 DAWSON ST MIRAMAR FL 33029-5584 HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business 5647 Dawson 5647 Dawson Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0824943 Hollywood Not Applicable tolly w ood Country Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required <u>33</u>023 Beoward 33023 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEERMANCE, JOHN S Street Address (P.O. Box Number is Not Acceptable) 3227 SW 175TH AVE MIRAMAR FL 33029 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Change ☐ Addition ☐ Delete TITE TITLE JOHN HEERMANCE MULLIGAN, WAYNE L NAME NAME 3227 SW 175 AVE STREET ADDRESS 2634 GARFIELD ST STREET ADDRESS CITY-ST-ZIP , Fl. 33029 miramar CITY-ST-ZIP HOLLYWOOD FL 33020 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Davtime Phone #

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR