

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2003 8:00 am
Secretary of State

05-09-2003 90139 028 ***150.00
05-07-2003 90167 035 *****8.75

DOCUMENT # P98000028678



1. Entity Name
TOP NOTCH SHEET METAL, INC.

Principal Place of Business
**5647 DAWSON ST
HOLLYWOOD FL 33023**

Mailing Address
**5647 DAWSON ST
HOLLYWOOD FL 33023**

55048910



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0824943**

Applied For
 Not Applicable

Zip Country Zip Country

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

**HEERMANCE, JOHN S
3227 SW 175TH AVE
MIRAMAR FL 33029**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Heermance* **JOHN HEERMANCE, President**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** Delete
NAME **MULLIGAN, WAYNE L**
STREET ADDRESS **2834 GARFIELD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME **HEERMANCE, JOHN**
STREET ADDRESS **3227 SW 175 AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33029**

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *John Heermance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)