

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S99674

1. Entity Name

TOP NOTCH TRANSPORTATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90056 043 ***150.00

Principal Place of Business

671 E. MYERS BLVD.
MASCOTTE FL 34753
US

Mailing Address

P.O. BOX 190
MASCOTTO FL 34761-0699
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

815 CROWN POINT CROSS RD

Suite, Apt. #, etc.

P.O. BOX 699

City & State

WINTER GARDEN, FL

City & State

OCOE, FL

Zip
34787

Country
US

Zip
34761

Country
US

4. FEI Number

59-3096604

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

YAWN, RODNEY L.
671 E. MYERS BLVD.
MASCOTTE FL 34753

Name

RODNEY L. YAWN

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

815 CROWN POINT CROSS ROAD

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 *Rodney L. Yawn* RODNEY L. YAWN - PRESIDENT 4-18-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YAWN, RODNEY L.	
STREET ADDRESS	433 LITTLE SPRING HILL D	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODNEY L. YAWN	
STREET ADDRESS	527 3RD STREET	
CITY-ST-ZIP	OCOE, FL 34761	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN L. YAWN	
STREET ADDRESS	7827 MURCOTT CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: *Rodney L. Yawn* RODNEY L. YAWN - PRES 4-18-00 (407) 654-4424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)