2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # F74692** 1. Entity Name INSULTECH, INC. 04-27-2000 90049 039 ***150.00 Principal Place of Business Mailing Address P.O. BOX 3749 P.O. BOX 3749 PLANT CITY FL 33564-3749 PLANT CITY FL 33564-3749 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2177397 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEAMBROSE, SHERWOOD J. Street Address (P.O. Box Number is Not Acceptable) 4609 REECE RD PLANT CITY FL 33567 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Change ☐ Addition ☐ Defete TITLE TITLE DEAMBROSE, SHERWOOD J. NAME STREET ADDRESS 2607 LAKEVIEW WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Delete TITLE Change ☐ Addition TITLE SAMANTHA D LEWIS NAME NAME **18310 AINTREE COURT** STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP. Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZiP

SIGNATURE:

CITY-ST-7IP

NAME OF A DISTRICT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412100

8754-152

Davtime Phone