

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 421905

1. Entity Name

INDUSTRIAL FIBERGLASS, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90086 047 ***150.00

Principal Place of Business

Mailing Address

4511 E 11TH ST
PANAMA CITY FL 32404

4511 E 11TH ST
PANAMA CITY FL 32404-5933

4511 E 11th St Panama City Flw

2. Principal Place of Business

3. Mailing Address

4511 E 11th St PC FLA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FLA

City & State

PANAMA CITY FLA

4. FEI Number

59-1451514

Applied For

Not Applicable

Zip
32404

Country
USA

Zip
32404

Country
USA

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

KIRVIN, ALFRED W
5029 PALM AVE
YOUNGSTOWN FL 32406

Name
Alfred W. Kirvin

Street Address (P.O. Box Number is Not Acceptable)
5029 Palm Avenue

Youngstown FLA

City

FL

Zip Code
32466

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

Alfred W. Kirvin

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 NAME STREET ADDRESS CITY-ST-ZIP	PST TODD, VERNON WADE 2752 ALTHA AVE PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, J.W. 517 TRANSMITTER ROAD PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KIRVIN, ALFRED W 5029 PALM AVE YOUNGSTOWN FL 32406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Alfred W. Kirvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-785-1212

CR2E034 (9/99)