

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 480695

1. Entity Name

QUALITY INSULATION AND SHEETMETAL COMPANY, INC.

Principal Place of Business

3542 W. ORANGE AVE.
TALLAHASSEE FL 32310

Mailing Address

3542 W. ORANGE AVE.
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1607384

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

SOWELL, THOMAS W
3542 W. ORANGE AVE.
TALLAHASSEE FL 32310

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.

SIGNATURE

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, 2001 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 ☐ Delete
NAME SOWELL, THOMAS WILLIE
STREET ADDRESS RT. 3, BOX 2520
CITY-ST-ZIP QUINCY FL

TITLE P ☒ Change ☐ Addition
NAME SOWELL, THOMAS WILLIE
STREET ADDRESS 433 CASOWDUN ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE ST ☐ Delete
NAME SOWELL, LYNN
STREET ADDRESS RT. 3, BOX 2520
CITY-ST-ZIP QUINCY FL

TITLE ST ☒ Change ☐ Addition
NAME SOWELL, LYNN
STREET ADDRESS 433 CASOWDUN ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE V ☐ Delete
NAME REEVES, VICKIE S
STREET ADDRESS RT. 3 BOX 2519
CITY-ST-ZIP QUINCY FL 32351

TITLE V ☒ Change ☐ Addition
NAME REEVES, VICKIE S
STREET ADDRESS 507 CASOWDUN ROAD
CITY-ST-ZIP QUINCY, FL 32351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Thomas W. Sowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Sowell, President

4/20/01
Date

850-576-6993
Daytime Phone #

CR2E034 (10/00)

0480695

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90175 050 ***158.75



DO NOT WRITE IN THIS SPACE