

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 524147**

1. Entity Name

THERM-O-TYPE CORPORATION**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90123 006 ***150.00

Principal Place of Business

509 CHURCH ST.
P O BOX 998 (342740998)
NOKOMIS FL 34275

Mailing Address

509 CHURCH ST.
P O BOX 998 (342740998)
NOKOMIS FL 34275

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 **59-1815174**

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

VAN PELT, E E, SR
2506 NORTHWAY DR VENICE 33595 BX 998
NOKOMIS FL 33555

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 State10. 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 **V** ☐ Delete
NAME **VAN PELT, CHRISTOPHER K**
STREET ADDRESS **405 MURILLO DR.**
CITY-ST-ZIP **NOKOMIS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **VAN PELT, MARTIN J**
STREET ADDRESS **574 GARDEN RD**
CITY-ST-ZIP **VENICE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **VAN PELT, E E SR**
STREET ADDRESS **2506 NORTHWAY DR.**
CITY-ST-ZIP **VENICE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **VAN PELT, E E JR**
STREET ADDRESS **4017 BLACKTAIL ROAD**
CITY-ST-ZIP **COCOLALLA ID**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **COOK, NANETTE VP**
STREET ADDRESS **491 CONRAD**
CITY-ST-ZIP **VENICE, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **VAN PELT, JOYCE**
STREET ADDRESS **2506 NORTHWAY DR**
CITY-ST-ZIP **VENICE, FL 00000**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:

E.E. Van Pelt, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-488-0123

Daytime Phone #

CR2E034 (10/00)