

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90154 049 ***150.00

0627453 AV

DOCUMENT # 524147

1. Entity Name

THERM-O-TYPE CORPORATION

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, 2002 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 ☐ Delete
NAME **V**
STREET ADDRESS **VAN PELT, CHRISTOPHER K**
CITY-ST-ZIP **405 MURILLO DR.**
NOKOMIS FL

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **VAN PELT, MARTIN J**
CITY-ST-ZIP **574 GARDEN RD**
VENICE, FL 00000

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **VAN PELT, E E SR**
CITY-ST-ZIP **2506 NORTHWAY DR.**
VENICE, FL 00000

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **VAN PELT, E E JR**
CITY-ST-ZIP **4017 BLACKTAIL ROAD**
COCOLALLA ID

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **COOK, NANETTE VP**
CITY-ST-ZIP **491 CONRAD**
VENICE, FL 00000

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **VAN PELT, JOYCE**
CITY-ST-ZIP **2506 NORTHWAY DR**
VENICE, FL 00000

TITLE ☒ Change ☐ Addition
NAME **VD / Secretary**
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 another like empowered.

SIGNATURE:

E. E. Van Pelt, Sr.
E E VAN PELT, SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

941-488-0123

Daytime Phone #

CR2E034 (9/01)