

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90077 021 ***150.00

DOCUMENT # 567725

1. Entity Name
ALLWEATHER INSULATION, INC.

Principal Place of Business
**664 CAPITAL CIRCLE N.E.
 TALLAHASSEE FL 32301
 US**

Mailing Address
**664 CAPITAL CIRCLE N.E.
 TALLAHASSEE FL 32301
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1814982**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**WOLFE, LARRY S
 200-A JOHN KNOX ROAD
 TALLAHASSEE FL 32304**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete
NAME	CHITTENDEN, FLAGG
STREET ADDRESS	323 E PARK AVE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	S <input type="checkbox"/> Delete
NAME	CHITTENDEN, GAIL S
STREET ADDRESS	323 E. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	VP <input type="checkbox"/> Delete
NAME	CHITTENDEN, ROBERT R
STREET ADDRESS	323 E PARK AVE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	WISNESKI, CAROLEE
STREET ADDRESS	664 CAPTIAL CIR NE
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pitman, Laurie
STREET ADDRESS	Rt 4 Box 218
CITY-ST-ZIP	Greenville FL 32331
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Flagg L. Chittenden 3/1/01 850-942-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)