

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 619939

1. Entity Name

THERMO-SHIELD HOMES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90023 003 ***150.00

Principal Place of Business

Mailing Address

52 PARK PL
ORMOND BEACH FL 32174
US

52 PARK PL
ORMOND BEACH FL 32174-6942
US

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

59-1908844

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

KNIGHT, JIMMY D.
52 PARK PLACE
ORMOND BEACH FL 32174

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

Jimmy D. Knight
Signature, typed or printed name of registered agent and title applicable

President
(NOTE: Registered Agent signature required when reinstating)

3-9-2000
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	T	<input type="checkbox"/> Delete
NAME	KNIGHT, JOYCE M.	
STREET ADDRESS	52 PARK PLACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNIGHT, RANDY BLAKE	
STREET ADDRESS	1801 BRYAN AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNIGHT, JIMMY D.	
STREET ADDRESS	52 PARK PLACE	
CITY-ST-ZIP	ORMOND BCH. FL 32174-0601	
TITLE	TS	<input type="checkbox"/> Delete
NAME	KNIGHT, JOYCE M	
STREET ADDRESS	52 PARK PL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY HIATT	
STREET ADDRESS	108 N. Ridgewood Ave	VP
CITY-ST-ZIP	ORMOND BEACH FL. 32174	
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:

Jimmy D. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2000
Date

Daytime Phone #

CR2E034 (9/99)