

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90066 005 ***158.75

0012191 AV

DOCUMENT # 619939

1. Entity Name

THERMO-SHIELD HOMES, INC.

Principal Place of Business

52 PARK PL 1310 OLD KINGS RD
 ORMOND BEACH FL 32174 HOLLY HILL FL.
 US 32117

Mailing Address

52 PARK PL 1310 OLD KINGS RD
 ORMOND BEACH FL 32174 HOLLY HILL FL
 US 32117

2. Principal Place of Business

1310 OLD KINGS RD

3. Mailing Address

1310 OLD KINGS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLY HILL FL

City & State

HOLLY HILL FL 32117

4. FEI Number

59-1908844

Applied For

Not Applicable

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name KNIGHT, Jimmy D.
 Street Address (P.O. Box Number is Not Acceptable)
 1310 OLD KINGS RD.
 City HOLLY HILL FL Zip Code 32117

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

3-1-02

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

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	HIATT, GARY	
STREET ADDRESS	108 N. RIDGEWOOD AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
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 checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JOYCE M.	
STREET ADDRESS	1310 OLD KINGS RD.	
CITY-ST-ZIP	HOLLY HILL FL. 32117	
TITLE	VIC- PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIATT, GARY	
STREET ADDRESS	108 N. RIDGEWOOD AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, Jimmy D.	
STREET ADDRESS	1310 OLD KINGS RD	
CITY-ST-ZIP	HOLLY HILL FL. 32117	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT DANNY K.	
STREET ADDRESS	5 RAIN TREE LN.	
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		

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 Jimmy D. Knight 3-1-02 386-252-6054
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)