

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837462

1. Entity Name

LAND COAST INSULATION, INC.

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

02-15-2000 90025 007 ***150.00

Principal Place of Business

Mailing Address

POB 14110
NEW IBERIA LA 70562-1110
US

POB 14110
NEW IBERIA LA 70562-4110
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

72-0739962

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

(See below - Signed in wrong place)

SIGNATURE

Karl Schram

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/11/00
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 VD ☐ Delete
NAME MORTON, TIM
STREET ADDRESS 8110 FOREST COMMONS CT
CITY-ST-ZIP HOUSTON TX

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

TITLE D ☐ Delete
NAME DAVIS, CELIA
STREET ADDRESS 1608 JANE ST
CITY-ST-ZIP NEW IBERIA, LA 00000

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

TITLE PD ☐ Delete
NAME MORTON, MICHAEL R
STREET ADDRESS 108 EASTWOOD
CITY-ST-ZIP FRANKLIN, LA 00000

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

TITLE D ☐ Delete
NAME BLACKWELL, JOHN
STREET ADDRESS 222 W ST PETR ST.
CITY-ST-ZIP NEW IBERIA, LA 00000

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

TITLE ST ☐ Delete
NAME SCHRAM, KARL J.
STREET ADDRESS 207 CRICKLADE COURT
CITY-ST-ZIP YOUNGVILLE LA

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

TITLE VD ☐ Delete
NAME ~~MORTON HARRISON, MARY~~
STREET ADDRESS ~~5022 DUNLEITH~~
CITY-ST-ZIP ~~SPRING TX 77379~~

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:

Karl Schram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00
Date

3183677741
Daytime Phone #

CR2E034 (9/99)