

**FOR PROFIT CORPORATION  
FORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 848230  
1. Entity Name  
**IMPERIAL FOAM & INSULATION MANUFACTURING CO.**

FILED

02 JUN 17 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2360 OLD TOMOKA RD.  
Suite, Apt. #, etc.

3. Mailing Address  
2360 OLD TOMOKA RD.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORMOND BEACH, FL  
Zip 32174 Country

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4. FEI Number  
43-1066332  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **AHRENS, ROBERT W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**OLD TOMOKA RD.**  
City **ORMOND BEACH FL** Zip Code **32174**

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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	PTD AHRENS, ROBERT W. 1796 MITCHELL COURT DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRY L. MERRYDAY, III 265 HARTFORD AVE, DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AHRENS, AILEEN G. (AST.-S) 1796 MITCHELL COURT DAYTONA BEACH, FL 32124
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Ahrens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/02  
Date

Daytime Phone #

CR2E0348102/01