

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.

3. Mailing Address

2360 OLD TOMOKA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

43-1066332

Applied For

Not Applicable

Zip

32174

Country

Zip

32174

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 #

CR2E0348702/01