

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90211 035 \*\*\*150.00

**DOCUMENT # F68046**

1. Entity Name  
**AMERICAN INSULATORS, INC. OF JACKSONVILLE**



Principal Place of Business  
**% EDWIN PRESSER**  
**4811 BEACH BLVD.**  
**JACKSONVILLE FL 32207**

Mailing Address  
**6935 DISTRIBUTION AVE S**  
**JACKSONVILLE FL 32256**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2194961**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PRESSER, EDWIN**  
**4417 BEACH BLVD.**  
**STE 310**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **PRESSER, EDWIN**

Street Address (P.O. Box Number is Not Acceptable)  
**8853 SAN JOSE BLVD.**

**SAN JOSE CENTER**

City **JACKSONVILLE**

FL Zip Code  
**32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **COHEN, STANLEY W**  
STREET ADDRESS **2686 SPREADING OAKS LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000 32223**

TITLE **S** ☒ Delete  
NAME **COHEN, NANCY M**  
STREET ADDRESS **2686 SPREADING OAKS LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000 32223**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **NANCY M. COHEN**  
STREET ADDRESS **2686 SPREADING OAKS LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **VP** ☒ Change ☐ Addition  
NAME **RANDY O. MILLER**  
STREET ADDRESS **4362 N. Buckhead Dr.**  
CITY-ST-ZIP **Atlanta, Ga 30342**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)