

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000356

1. Entity Name  
INSULCON COMPANY, INC.

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90128 019 \*\*\*150.00

Principal Place of Business

10500 UNIVERSITY CTR DR  
SUITE 155  
TAMPA FL 33612  
US

Mailing Address

10500 UNIVERSITY CTR DR  
SUITE 155  
TAMPA FL 33612  
US

2. Principal Place of Business

6028 BENJAMIN RD

Suite, Apt. #, etc.

3. Mailing Address

6028 BENJAMIN RD.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

Zip

33634

Country

Hillsborough

Zip

33634

Country

Hillsborough

6. Name and Address of Current Registered Agent

MOSIER, VERNON L  
10500 UNIVERSITY CENTER DR  
SUITE 155  
TAMPA FL 33612

4. FEI Number 36-3021146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6028 BENJAMIN RD.

City

TAMPA

FL

Zip Code

33634

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 P  
NAME MILLER, JAMES W  
STREET ADDRESS 17811 HICKORY MOSS PL  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE S  
NAME MILLER, MARTHA S  
STREET ADDRESS 17811 HICKORY MOSS PL  
CITY-ST-ZIP TAMPA FL 33647 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 15701 BEREA DRIVE  
CITY-ST-ZIP ODESSA FL 33556 ☒ Change ☐ Addition

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

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

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

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

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

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: JAMES W. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 806 0055

CR2E034 (10/00)