

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

DOCUMENT # **F95000001516**

1. Entity Name

Thermal Engineering International Services, Inc.

FILED

02 JUN 24 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550B Brookshire Rd.

3. Mailing Address

550B Brookshire Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greer, SC

City & State

Greer, SC

Zip

29651

Country

USA

Zip

29651

Country

USA

4. FEI Number

57-1016262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

President

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 date if applicable.

(NOTE: Registered Agent signature required when reissuing)

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
President
Dale Naughton
550B Brookshire Rd.
Greer, SC 29651

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
John Zwotak
550B Brookshire Rd.
Greer, SC 29651

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Scott Leeman
82 Cambridge St.
Burlington, MA 01803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Controller
John McCauley
506 Charlotte Highway
Lyman, SC 29365

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/02 (864) 879-6860

Date

Daytime Phone #

CR2E034B (12/01)