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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G89086

1. Entity Name



INSULATION MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 8006 PITTMAN AVE 8006 PITTMAN AVE PENSACOLA FL 32534 PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 59-2378505 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEWS, EDSEL F., JR. Street Address (P.O. Box Number is Not Acceptable) 308 SOUTH JEFFERSON STREET PENSACOLA FL 32501 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be e After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ■ Addition Delete BURCH, R.S. NAME NAME STREET ADDRESS 30 READY AVE STREET ADDRESS FT. WALTON BEACH FL 32548 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change Addition TITLE BROCK, M.A. NAME NAME STREET ADDRESS 8006 PITTMAN AVE. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Addition TITLE ST ☐ Delete TITLE ☐ Change YOUNG, J.A., JR NAME NAME STREET ADDRESS 5049 BASIN AVE STREET ADDRESS MILTON FL 32583 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME≈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

Daytime Phone #