## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2000 8:00 am Secretary of State **DOCUMENT # H91330** 1. Entity Name 04-07-2000 90072 004 \*\*\*150.00 GATOR INSULATION OF PENSACOLA, INC. Principal Place of Business Mailing Address 3103 E. DESOTO ST. 400 PICKENS AVE BOX 136 PENSACOLA FL 32503-6459 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2815955 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAPMAN GEORGE RANDOLPH Street Address (P.O. Box Number is Not Acceptable) 3103 E. DESOTO ST PENSACOLA FL 32503 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITLE CHAPMAN, GEORGE RANDOLPH NAME NAME STREET ADDRESS STREET ADDRESS 3103 E. DESOTO ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHAPMAN, WANDA K. STREET ADDRESS STREET ADDRESS 3103 E. DESOTO STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32503 Delete Change Addition TITLE TITLE ST NAME NAME CHAPMAN, WANDA K STREET ADDRESS STREET ADDRESS 3103 E DESOTO ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

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

SIGNATURE:

MINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<del>4- 4-00</del>

550)432-900 Daytime Phone #

FILED