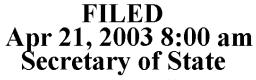
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H91330 DOCUMENT # 1. Entity Name GATOR INSULATION OF PENSACOLA INC





GATOR INSOLATION OF PENSACOLA, INC.						7				
Principal Place of Business 3103 E. DESOTO ST. PENSACOLA FL 32503		Mailing Address 400 PICKENS AVE BOX 136 PENSACOLA FL 32503 US								
2. Principal F	Place of Business	3. Mailing Address						Pieri die	ii Bibii Bibii I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MA	KING	CHANGES	
City & State		City & State				4.	4. FEI Number 59-2815955			oplied For
Zip	Zip Country			try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ditional		
•	6. Name and Address of Current	Register	ed Agent			7.	Name and Address of New Registe	red A	gent	
					Name		.			
	n george randolph Desoto st	,			Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA FL 32503					24.					
; ;					City			FL	Zip Coc	le
,	named entity submits this statement fo tions of registered agent.	r the purp	ose of changing its re	egistere	d office or registe	ered a	gent, or both, in the State of Florida.	l am fa	miliar with,	and accept
OLONIATUSE.										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE:	Registered	Agent signature require	ed when	reinstating)	ATE		<u> </u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financin Trust Fund Contribution.	g 🗆		May Be I to Fees
10.	OFFICERS AND	DIRECTO	RS	11.		Á	DDITIONS/CHANGES TO OFFICERS	AND	DIRECTOR	S IN 11
TITLE Name Street address City-St-Zip	P CHAPMAN, GEORGE RANDOLPH 3103 E. DESOTO ST PENSACOLA FL	l	☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAPMAN, WANDA K. 3103 E. DESOTO STREET PENSACOLA FL 32503		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAPMAN, WANDA K 3103 E DESOTO ST PENSACOLA FL		☐ Delete						Change منت	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete					1	☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	•	i				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	sertify that the information supplied with	this files	Delete	CITY-	T ADDRESS ST-ZIP	· · · · · · · · · · · · · · · · · · ·	110 07(2V)) Florido Debido - L. Franco	•	Change	Addition

I nereby certify that the information supplied with this filling does not quality 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: