

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90944 007 \*\*\*150.00

DOCUMENT # **L30471**



1. Entity Name  
**ENERGY SERVICE INSULATION, INC.**

Principal Place of Business  
**C/O ROBERT S. TRINKLE  
102 NORTH 20TH STREET  
TAMPA FL 33605**

Mailing Address  
**C/O ROBERT S. TRINKLE  
102 NORTH 20TH STREET  
TAMPA FL 33605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2980245**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRINKLE, ROBERT S.  
102 NORTH 20TH STREET  
TAMPA FL 33605**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SWINDLE, EDWARD</b>
STREET ADDRESS	<b>ROUTE 2, BOX 532</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SWINDLE, MYRTLE LOU</b>
STREET ADDRESS	<b>ROUTE 2, BOX 532</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SWINDLE, RODNEY E</b>
STREET ADDRESS	<b>9471 MCINTOSH RD</b>
CITY-ST-ZIP	<b>DOVER FL</b>
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Edward Swindle* Date: 4/11/2003 Daytime Phone #: 813 848-6248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)