

2000 UNIFORM BUSINESS REPORT (UBR)

0014624 AF

DOCUMENT # L96000001231

1. Entity Name
INSULWALL, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:31

Principal Place of Business
1000 CARROLL STREET
CLERMONT FL 34712-0158

Mailing Address
P.O. BOX 120370
CLERMONT FL 34712-0370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3418739

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMES, LAURENCE C ESQ.
SALLEY, FEINBERG, HAMES & HINTZE, P.A.
390 N. ORANGE AVE., SUITE 2500
ORLANDO FL 32801

Name Denise W. Wallace % CBS Builders Supply
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 120370 1000 Carroll Street
City Clermont FL Zip Code 34714

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 Denise W. Wallace Denise W. Wallace 02-01-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PRUITT, RICHARD A
STREET ADDRESS 1000 CARROLL STREET
CITY-ST-ZIP CLERMONT FL 34712-0158 ☐ Delete

TITLE
NAME 200003148522-08
STREET ADDRESS -02/25/00--01104--016-
CITY-ST-ZIP *****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME TOWELL, DENNIS K
STREET ADDRESS 1000 CARROLL STREET
CITY-ST-ZIP CLERMONT FL 34712-0158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME WOLFE, LAWSON L
STREET ADDRESS 1000 CARROLL STREET
CITY-ST-ZIP CLERMONT FL 34712-0158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

02-01-00 (352) 394-2116
Date Daytime Phone #

CR2E083 (9/99)