

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001231

1. Entity Name

INSULWALL, L.C.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3418739

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, DENISE W
% CBS BUILDERS SUPPLY
1000 CARROLL ST.
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

000004480900--2
-07/17/01--01066--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

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

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

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 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: WALLACE, DENISE W*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-6-01 (352)394-2116

CR2E083 (5/01)

STAPLE CHECK HERE