

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90024 017 *****50.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name **Pruitt, Richard A.**

Street Address (P.O. Box Number is Not Acceptable)

9250 Sidney Hayes Rd

City **Orlando**

FL

Zip Code **32824**

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 PRUITT, RICHARD A.
 9250 Sidney Hayes Rd.
 Orlando, FL 32824** ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 TOWELL, DENNIS K
 9250 Sidney Hayes Rd.
 Orlando, FL 32824** ☒ Change ☐ Addition

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

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

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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 REQUIRED

3/19/02

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

Date

Daytime Phone #

CR2E083 (9/01)