

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90313 028 ***150.00

DOCUMENT # P00000026489



1. Entity Name
NORTHWEST FLORIDA INSULATION & SHELVING, INC.

Principal Place of Business
**5100 HWY 4
JAY FL 32565**

Mailing Address
**PO BOX 633
JAY FL 32565**



2. Principal Place of Business
6743 Elva St
Suite, Apt. #, etc.

3. Mailing Address
6743 Elva St
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Milton FL

City & State
Milton FL

4. FEI Number **59-3628057**

Applied For
☐ Not Applicable

Zip
32570

Country
Santa Rosa

Zip
32570

Country
Santa Rosa

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

6. Name and Address of Current Registered Agent

**SMITH, C DAVID
5100 HWY 4
JAY FL 32565**

7. Name and Address of New Registered Agent

Name **I. H. Northrop Jr.**
Street Address (R.O. Box Number is Not Acceptable)
6743 Elva St
City **Milton** FL Zip Code **32570**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

I. H. Northrop Jr. - **3/24/03**
(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 **PVPS** ☐ Delete
NAME **NORTHROP, I.H. JR**
STREET ADDRESS **6743 ELVA STREET**
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE **T** ☐ Delete
NAME **NORTHROP, I.H. JR**
STREET ADDRESS **6743 ELVA STREET**
CITY-ST-ZIP **MILTON FL 32570**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *[Signature]* **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 850 623 3451
Date Daytime Phone #

CR2E034 (10/02)