

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90070 021 \*\*\*150.00

**DOCUMENT # P00000027557**

1. Entity Name  
**AZTECH INSULATION, INC.**

Principal Place of Business

**3210-MURRAY-FARMS ROAD-  
PLANT CITY, FL 33567**

Mailing Address

**3210-MURRAY-FARMS ROAD  
PLANT CITY, FL 33567**

2. Principal Place of Business

**1808 Turkey Creek Road**

Suite, Apt. #, etc.  
**Building 1, Bay 3**

City & State  
**Plant City, Florida**

Zip Country  
**33567 U.S.**

3. Mailing Address

**1808 Turkey Creek Road**

Suite, Apt. #, etc.  
**Building 1, Bay 3**

City & State  
**Plant City, Florida**

Zip Country  
**33567 U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3632987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, KARL H  
3210 MURRAY FARMS ROAD  
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name  
**Jaime Saenz**

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

**1808 Turkey Creek Road, Building 1, Bay 3**

City Zip Code  
**Plant City FL 33567**

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 *Jaime Saenz*  
**JAIME SAENZ**

(NOTE: Registered Agent signature required when reinstating)

**2/13/01**  
DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **SMITH, KARL H**  
STREET ADDRESS **3210 MURRAY FARMS ROAD**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D/P** ☐ Delete  
NAME **SAENZ, JAIME**  
STREET ADDRESS **4210 SABAL PALM DRIVE**  
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/S/T** ☐ Change ☒ Addition  
NAME **Paul Alvarez**  
STREET ADDRESS **37211 Tucker Road**  
CITY-ST-ZIP **Zephyrhills, Florida 33541**

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime Saenz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JAIME SAENZ, President**

**2/13/01**  
Date

**(813) 707-1590**  
Daytime Phone #

CR2E034 (10/00)

0336002