2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003
Secretary of State

DOCUMENT# P01000062134

Entity Name: INSULATORS OF FLORIDA, INC.

Current Principal Place of Business:

6125 WILDERNESS AVE.
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6125 WILDERNESS AVE.
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-3737556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TIMMY
6125 WILDERNESS AVE.
COCOA, FL 32927

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIAMS, TIMMY
Address: 6125 WILDERNESS AVE.
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: WILLIAMS, TAMMY
Address: 6125 WILDERNESS AVE.
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY WILLIAMS PRES 06/23/2003

Electronic Signature of Signing Officer or Director — Date