

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 AUG 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016584
1. Entity Name
Superior Spray Foam Insulation, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>PO Box 111058</u> Suite, Apt. #, etc.		3. Mailing Address <u>PO Box 111058</u> Suite, Apt. #, etc.	
City & State <u>Naples, FL</u>		City & State <u>Naples, FL</u>	
Zip <u>34108</u>	Country <u>USA</u>	Zip <u>34108</u>	Country <u>USA</u>

500022479275
08/21/03--01042--007 **\$1.25

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>26-0000233</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Curtis J. Gunther</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2031 Castle Garden Lane</u>	
	City <u>Naples</u>	FL Zip Code <u>34110</u>

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 Curtis J. Gunther DATE 08/14/2003
Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DP</u> <u>Curtis J. Gunther</u> <u>2031 Castle Garden Lane</u> <u>Naples, FL 34110</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Don J. Gunther</u> <u>8665 Bay Colony Drive #2204</u> <u>Naples, FL 34108</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Donovan A. Smith</u> <u>8717 River Homes Lane #207</u> <u>Bonita Springs, FL 34135</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Curtis J. Gunther DATE 08/14/2003 239-597-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Curtis J. Gunther, President

JK 8/20

CR2E034B (12/02)