

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

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90011 043 \*\*\*158.75

DOCUMENT # *P02000027594*

1. Entity Name

*Thermo-Tech Group, Inc*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4517 Mile Stretch DR*

3. Mailing Address

*4517 Mile Stretch DR*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Holaday, FL*

City & State

*Holaday, FL*

Zip

Country

Zip

Country

4. FEI Number

*02-0564613*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*James D David*

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

*10539 Camelia DR*

City

*Richey  
Port Richey*

FL

Zip Code

*34668*

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President  
James D David  
10539 Camelia DR  
Port Richey, FL 34668*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Vice President  
Tey Ashby  
10539 Camelia DR  
Port Richey, FL 34668*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Secretary  
Tey Ashby  
10539 Camelia DR  
Port Richey, FL 34668*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Tey Ashby* *Tey Ashby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Office No 727-742-0661  
3-09-04 Home No 727-842-0456*

CR2E034B (12/02)