

DOCUMENT # P93000034721

1. Entity Name
ALL SERVICE INSULATION, INC.

Principal Place of Business
1148 US HWY 92 WEST
AUBURNDALE FL 33823
US

Mailing Address
P.O. BOX 1680
AUBURNDALE FL 33823

2. Principal Place of Business
1705 East Gary Road

3. Mailing Address
1705 East Gary Road

Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Lakeland, Florida

Zip
33801

Country
USA

Zip
33801

Country
USA

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVE
SUITE 102
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	TD	<input checked="" type="checkbox"/> Delete
NAME	HICKS, STEPHEN C	
STREET ADDRESS	2138 GREENWAY DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, KENNETH L	
STREET ADDRESS	2138 GREENWAY DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, STEVEN C.	
STREET ADDRESS	1403 PLANTATION CIR #110	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWDER, BOBBY	
STREET ADDRESS	725 GROVE DR	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Steph C. Hicks **Steph C. Hicks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 01-04-01 Daytime Phone # 863-616-1120

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90063 020 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3181751** Applied For ☐ Not Applicable ☐

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

CR2E034 (10/00)