

2001 UNIFORM BUSINESS REPORT (UBR)

17

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90121 011 ***150.00

DOCUMENT # P94000054997

1. Entity Name

EXTERIOR INSULATION FINISHED SYSTEMS, INC.

Principal Place of Business

2790 NE 7TH ST
 POMPANO BEACH FL 33062
 US

Mailing Address

2790 NE 7TH ST
 POMPANO BEACH FL 33062
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0510503**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional--
 Fee Required**

6. Name and Address of Current Registered Agent

GIFFORD, LYNN
2790 NE 7TH ST
POMPANO BEACH FL 33062

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 **S** ☐ Delete
 NAME **GIFFORD, ROBERT**
 STREET ADDRESS **2790 NE 7TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **LYNN GIFFORD**
 STREET ADDRESS **2790 NE 7TH ST.**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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

TITLE ☐ Change ☐ Addition
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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 life empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYNN GIFFORD Jan. 11, 2001

ROBERT GIFFORD Jan. 31, 2001

CR2E034 (10/00)