FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jun 13, 2002 8:00 am Secretary of State DOCUMENT # P94000059325 1. Entity Name THERMTECH SERVICES, INC. 06-13-2002 90384 022 \*\*\*550 00 Principal Place of Business Mailing Address 2370 N.E. OCEAN BLVD. 2370 N.E. OCEAN BLVD. SUITE 304-A SUITE 304-A STUART: FL'34996 \*\* STUART FL 34996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0509120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KONALD FISHER, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 2300 E. OCEAN BLVD. **SUITE E-3** STUART FL 34996 8. The above named entity submits this or the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE NALD stered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JACOBSTEIN, A. RONALD NAME STREET ADDRESS 2370 NE OCEAN BLVD., SUITE 304-A STREET ADDRESS CITY-ST-7/P STUART FL 34996 CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME REILLY, THOMAS NAME STREET ADDRESS **45 CHESTNUT ST** STREET ADDRESS CITY-ST-ZIP **NUTLEY NJ** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordant 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

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