

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073218

1. Entity Name

POLAR INSULATION, INCORPORATED

**FILED**  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90254 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1134 N. FERDON BLVD.  
CRESTVIEW FL 32536

1134 N. FERDON BLVD  
CRESTVIEW FL 32536-1710  
US

2. Principal Place of Business

856 North Ferdon Blvd

3. Mailing Address

856 North Ferdon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview, FL

City & State

Crestview, FL

Zip

32536

Country

USA

Zip

32536

Country

USA

4. FEI Number

59-3336454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTEY, TED

~~1134 N. FERDON BLVD.~~  
CRESTVIEW FL 32536

856 North Ferdon Blvd.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ESTEY, TED  
STREET ADDRESS ~~1134 N. FERDON BLVD.~~  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE P ☒ Change ☐ Addition  
NAME Estey, Ted  
STREET ADDRESS 856 North Ferdon Blvd  
CITY-ST-ZIP Crestview, FL 32536

TITLE V ☐ Delete  
NAME HOLLADAY, DAVID  
STREET ADDRESS 40 WHITE RD.  
CITY-ST-ZIP DEFUMAK SPRINGS FL 32433

TITLE V ☒ Change ☒ Addition  
NAME Tom L. Crowe  
STREET ADDRESS 301 East Hickory Ave.  
CITY-ST-ZIP Crestview, FL 32536

TITLE ST ☐ Delete  
NAME HOFF, SARA  
STREET ADDRESS ~~1134 NORTH FERDON BOULEVARD~~  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ST ☒ Change ☐ Addition  
NAME Hoff, Sara  
STREET ADDRESS 856 North Ferdon Blvd.  
CITY-ST-ZIP Crestview, FL 32536

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

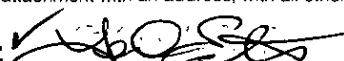
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

 TED ESTEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (850) 689-1144

Date

Daytime Phone #

CR2E034 (9/99)