

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031542

1. Entity Name

HARRY'S HEAT REFLECTANT FOILS, INC.

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

05-15-2000 90263 003 ***150.00

Principal Place of Business

Mailing Address

4355 DOW ROAD UNIT #B-40
 MELBOURNE FL 32904

260 SAN PAULA
 WEST MELBOURNE FL 32904
 US

2. Principal Place of Business

7165 Wickham Rd N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT F053

City & State

MELBOURNE FL

City & State

4. FEI Number

65-0666234

Applied For

Not Applicable

Zip

32940

Country

BREVARD

Zip

Country

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

STAHL, HARRY III
 260 SAN PAULA
 WEST MELBOURNE FL 32904

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 ☐ Delete
 NAME D
 STREET ADDRESS STAHL, HARRY III
 CITY-ST-ZIP 568 TREND ROAD
 WEST MELBOURNE FL 32904

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Harry Stahl III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000

Date

321-676-0144

Daytime Phone #