

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90056 001 *1,100.00

DOCUMENT # P97000033052

1. Entity Name

THERMAL INSULATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

600 N THACKER AVE
 SUITE D-33
 KISSIMMEE FL 34741

Mailing Address

P O BOX 982
 DECATUR AL 35602
 US

18859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1686853

Applied For

Not Applicable

Zip

Country

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

HUGHES, D. GRAY
 600 N THACKER AVE
 SUITE D-33
 KISSIMMEE FL 34741

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 HUGHES, GRAY
 CITY-ST-ZIP 2017 PENNYLANE SE- 2209 Century Ct SE
 DECATUR AL 35601

TITLE ☒ Change ☐ Addition
 NAME 2209 Century Ct SE
 STREET ADDRESS Decatur AL 35601
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HUGHES, SHELLEY
 CITY-ST-ZIP 2017 PENNYLANE SE- 2209 Century Ct SE
 DECATUR AL 35601

TITLE ☒ Change ☐ Addition
 NAME 2209 Century Ct SE
 STREET ADDRESS Decatur AL 35601
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BUSBY, PEGGY I
 CITY-ST-ZIP 1529 BLACKHALL LN SE
 DECATUR AL 35601

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
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TITLE ☐ Change ☐ Addition
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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:

D. Gray Hughes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

256-340-0707

Daytime Phone #