

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****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 US2. Principal Place of Business  
600 N THACKER AVE

3. Mailing Address

Suite, Apt. #, etc.  
SUITE C-10

Suite, Apt. #, etc.

City & State  
KISSIMMEE FL

City &amp; State

Zip  
34741

Country

Zip

Country

4. FEI Number  
**62-1686853**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**HUGHES D. GRAY  
600 N THACKER AVE  
SUITE D-33  
KISSIMMEE FL 34741**7. Name and Address of New Registered Agent**Name  
HUGHES D. GRAY  
Street Address (P.O. Box Number is Not Acceptable)  
600 N THACKER AVE  
SUITE C-10  
City  
KISSIMMEE FL Zip Code  
34741

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 **D. GRAY HUGHES****05/01/2001**

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  
NAME D BUSBY PEGGY I ☐ Delete  
STREET ADDRESS  
1529 BLACKHALL LN SE  
CITY-ST-ZIP  
DECATUR AL 35601TITLE  
NAME D HUGHES SHELLEY ☐ Delete  
STREET ADDRESS  
2209 CENTURY CT SE  
CITY-ST-ZIP  
DECATUR AL 35601TITLE  
NAME D HUGHES GRAY ☐ Delete  
STREET ADDRESS  
2209 CENTURY CT SE  
CITY-ST-ZIP  
DECATUR AL 35601TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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: GRAY HUGHES**

D

**05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)