2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077077 Aug 04, 2000 8:00 am Secretary of State ADVANCED INSULATION OF CENTRAL FLORIDA, INC. 08-04-2000 90001 024 ***550.00 Mailing Address Principal Place of Business 2816 NORTH OCEANSHORE BLVD. POST OFFICE BOX 127 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 Principal Place of Business 135 St. Rd 207 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3469539 AUSUS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32080 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNIGHT, JERRY C Street Address (P.O. Box Number is Not Acceptable) 2825 NORTH OCEANSHORE BLVD. FLAGLER, BEACH FL 32136 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing_ \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE RODRIGUEZ, FRANK G. NAME NAME 2816 N. OCEANSHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BEVERLY BEACH FL 32136** CITY-ST-ZIP Delete TITLE TITLE RUSSELL, GREG NAME NAME 511 FOXHOLLOW DRIVE STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32036 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET, ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 life empowered.

SIGNATURE

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-00

904439-9222

Daytime Phone #