

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90062 002 ***150.00

DOCUMENT # P97000077077

1. Entity Name

ADVANCED INSULATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2816 NORTH OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136**

Mailing Address

**POST OFFICE BOX 127
 FLAGLER BEACH FL 32136**

602299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

235 State Road 207

3. Mailing Address

Suite, Apt. #, etc.

Unit 2-A

City & State

St. Augustine, FL

City & State

Zip

32080

Country

St. Johns

4. FEI Number **59-3469539**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KNIGHT, JERRY C
 2825 NORTH OCEANSHORE BLVD.
 FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

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, 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 **P** ☐ Delete
 NAME **RODRIGUEZ, FRANK G.**
 STREET ADDRESS **2816 N. OCEANSHORE BLVD**
 CITY-ST-ZIP **BEVERLY BEACH FL 32136**

TITLE **VP** ☐ Delete
 NAME **RUSSELL, GREG**
 STREET ADDRESS **511 FOXHOLLOW DRIVE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32036**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **FRANK G. Rodriguez**
 STREET ADDRESS **155 Lehigh Avenue**
 CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-01

Date

Daytime Phone #

CR2E034 (10/00)