2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # P97000101709 1. Entity Name MANAGED INSULATION SERVICES, INC. 09-15-2000 90006 017 ***550.00 Principal Place of Business Mailing Address 16006 RIDLEY PLACE 16006 RIDLEY PLACE SUITE 101 SUITE 101 00086234 **TAMPA FL 33647** TAMPA FL 33647 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3486299 $\mathcal{P}\mathcal{U}_{\mathcal{F}}$ PYMAi Not Applicable Country Country \$8.75 Additional 5. . Certificate of Status Desired 15 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TITUS, RONALD C Street Address (PO Bex Number is Not Acceptable 16006 RIDLEY PLACE SUITE 101 **TAMPA FL 33647** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. 12. TITLE ☐ Delete TITUS, RONALD C NAME NAME STREET ADDRESS STREET ADDRESS 16006 RIDLEY PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 TITLE ☐ Delete TITLE TITUS, COLEEN D NAME NAME STREET ADDRESS 16006 RIDLEY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Addition ☐ Change TITLE ☐ Delete TITLE AGAN, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 264 LOMA DEL SOL City-ST-ZIP CITY-ST-ZIP DAVENPORT FL 33837 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 of custee 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 advices, with all other like empowered.