

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010710

1. Entity Name

**BROCKMEYER INSULATION, INC.**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90263 041 \*\*\*150.00

Principal Place of Business

1511 S.W. 53RD TERRACE  
CAPE CORAL FL 33914

Mailing Address

1511 S.W. 53RD TERRACE  
CAPE CORAL FL 33914-7493

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 101421

Suite, Apt. #, etc.

City & State

City & State  
Cape Coral FL

Zip

Country

Zip  
33910-1421

Country

4. FEI Number

65-0809684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROCKMEYER, DORIS F**  
**1511 S.W. 53RD TERRACE**  
**CAPE CORAL FL 33914**

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, 2000 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	<input type="checkbox"/> Delete
NAME	<b>BROCKMEYER, DORIS F</b>	
STREET ADDRESS	<b>1511 S.W. 53RD TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BROCKMEYER, JAMES L</b>	
STREET ADDRESS	<b>1511 S.W. 53RD TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>BROCKMEYER, CANDACE</b>	
STREET ADDRESS	<b>1511 S.W. 53RD TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	<b>CONRAD, CHERYL L</b>	
STREET ADDRESS	<b>2867 OLEANDER ST</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL 33956</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Doris F Brockmeyer* **Doris F Brockmeyer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-00**  
Date

**941 542-1511**  
Daytime Phone #

CR2E034 (9/99)