

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010710

1. Entity Name

BROCKMEYER INSULATION, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90003 049 ***150.00

Principal Place of Business

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

Mailing Address

**P O BOX 101421
CAPE CORAL FL 33910-1421**

2. Principal Place of Business

18001 Riverchase Ct.

3. Mailing Address

P.O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Alva FL

City & State

Alva FL

4. FEI Number

65-0809684

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA5. 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)

18001 Riverchase CtCity **Alva**

Zip Code

33920

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 **BROCKMEYER, DORIS F**
STREET ADDRESS **1511 S.W. 53RD TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE **V** ☐ Delete
NAME **BROCKMEYER, JAMES L**
STREET ADDRESS **1511 S.W. 53RD TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE **S** ☐ Delete
NAME **BROCKMEYER, CANDACE**
STREET ADDRESS **1511 S.W. 53RD TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE **T/D** ☐ Delete
NAME **CONRAD, CHERYL L**
STREET ADDRESS **2867 OLEANDER ST**
CITY-ST-ZIP **ST JAMES CITY FL 33956**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18001 Riverchase Ct.**
CITY-ST-ZIP **Alva, FL 33920**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18001 Riverchase Ct.**
CITY-ST-ZIP **Alva, FL 33920**TITLE ☒ Change ☐ Addition
NAME **S BONE, CANDACE**
STREET ADDRESS **100 Hillside Drive #B6**
CITY-ST-ZIP **Middletown NY 10941**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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, Pres.** 4/17/01 941 693-0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)