

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90292 029 ***150.00

DOCUMENT # P98000010710

1. Entity Name
BROCKMEYER INSULATION, INC.



Principal Place of Business
1800 RIVERCHASE CT
ALVA FL 33920

Mailing Address
P O BOX 188
ALVA FL 33920

11010710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0809684**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCKMEYER, DORIS F
1800 RIVERCHASE CT
ALVA FL 33920

Name

Street Address (P.O. Box Number is Not Acceptable)

18001 Riverchase Ct

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BROCKMEYER, DORIS F**
STREET ADDRESS **18001 RIVERCHASE ST**
CITY-ST-ZIP **ALVA FL 33920**

TITLE ☒ Change ☐ Addition
NAME **18001 Riverchase Ct**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BROCKMEYER, JAMES L**
STREET ADDRESS **18001 RIVERCHASE CT**
CITY-ST-ZIP **ALVA FL 33920**

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

TITLE **S** ☐ Delete
NAME **BONE, CANDACE**
STREET ADDRESS **100 HILLSIDE DRIVE #B6**
CITY-ST-ZIP **MIDDLETOWN NY 10941**

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

TITLE **T/D** ☐ Delete
NAME **CONRAD, CHERYL L**
STREET ADDRESS **418 SW 18TH COURT**
CITY-ST-ZIP **CAPE CORAL FL 33991**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

9/1/03 **239 693-0415**
Date Daytime Phone #

CR2E034 (10/02)