

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000043359**

1. Entity Name
THERMAL SPECIALTIES, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90041 003 ***150.00

721744



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2105 PARK AVE
SUITE 24
ORANGE PARK FL 32073**

Mailing Address

**2105 PARK AVE
SUITE 24
ORANGE PARK FL 32073**

2. Principal Place of Business

**5627 Veena Blvd.
Suite, Apt. #, etc.
SUITE 3**

3. Mailing Address

**5627 Veena Blvd.
Suite, Apt. #, etc.
SUITE 3**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. FEI Number **59-3517316**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIERS, GARY B
1762 PINECREST DRIVE
ORANGE PARK FL 32073**

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

Gary B Hiers

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

(NOTE: Registered Agent signature required when reinstating)

2-20-01

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 **D** ☐ Delete
NAME **HIERS, GARY B**
STREET ADDRESS **1762 PINECREST DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Gary B Hiers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

DATE

904 695-4496

Daytime Phone #

CR2E034 (10/00)