## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P98000071757 THERMASTEEL OF FLORIDA, INC. -24-2001 90049 049 \*\*\*158.75 Principal Place of Business Mailing Address 1171 BEACH BLVD P.O. BOX 481 PONTE VEDRA BEACH FL 32004 STE 1 JACKSONVILLE BEACH FL 32250 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3531810 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAYMOND R. BENDLEY ALTERMAN. LEONARD M-Street Address (P.O. Box Number is Not Acceptable) 9116 CYPRESS GREEN DRIVE, SUITE 207 JACKSONVILLE FL 32256 104 MUIRFIELD DR CITY PONTE VEDRA 3,58B2 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete ☐ Change Addition TITLE BRINDLEY, RAYMOND R NAME NAME STREET ADDRESS 104 MUIRFIELD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE Delete TITLE Addition BONDLEY ELAINA C NAME BRINDLEY, ELAINA C NAME STREET ADDRESS 160 VERA CRUZ DR #434 STREET ADDRESS MOUNTAIN VIEW, CA 94040 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA FL 32082 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = CITY-ST-ZIP -TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: