

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State
 08-06-2002 90134 007 ***550.00

DOCUMENT # P98000071757

1. Entity Name
THERMASTEEL OF FLORIDA, INC.

Principal Place of Business

**1171 BEACH BLVD
 STE 1
 JACKSONVILLE BEACH FL 32250
 US**

Mailing Address

**P.O. BOX 481
 PONTE VEDRA BEACH FL 32004**

2. Principal Place of Business

**130 VERA CRUZ DR
 Suite, Apt. #, etc.
 714**

3. Mailing Address

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

City & State

Zip

32082

Country

USA

Country

4. FEI Number

59-3531810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRINDLEY, RAYMOND R
 104 MUIRFIELD DRIVE
 PONTE VEDRA BEACH FL 32082**

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

Raymond R. Brindley

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

(NOTE: Registered Agent signature required when reinstating)

5/23/02

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, 2002 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 ☐ Delete
D
 NAME **BRINDLEY, RAYMOND R**
 STREET ADDRESS **104 MUIRFIELD DR**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
D
 NAME **BRINDLEY, ELAINA C**
 STREET ADDRESS **1541 LEONA ROAD**
 CITY-ST-ZIP **MOUNTAIN VIEW CA 94040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

Raymond R. Brindley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/02 (904) 249-3434

Date

Daytime Phone #

CR2E034 (9/01)