

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90111 020 ***150.00

DOCUMENT # P98000077297

1. Entity Name

A-1 PLUS INSULATION, INC.

Principal Place of Business

**10871 PALM RIDGE LN.
TAMARAC FL 33321**

Mailing Address

**10871 PALM RIDGE LN.
TAMARAC FL 33321**

2. Principal Place of Business

10710 NW 53rd St
Suite, Apt. #, etc.

3. Mailing Address

10710 NW 53rd St
Suite, Apt. #, etc.

City & State

Sunrise, FL**33351**

Country

U.S.

City & State

Sunrise, FL**33351**

Country

U.S.

4. FEI Number

65-0872136

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LYNCH, ROSEANNE N
2 S. UNIVERSITY DR., STE. 200
PLANTATION FL 33324**

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

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 **PD** ☐ Delete
NAME **COSTANZO, CHARLES JR**
STREET ADDRESS **10871 PALM RIDGE LN.**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE **VD** ☒ Delete
NAME **FARJAD, THOMAS**
STREET ADDRESS **10871 PALM RIDGE LN.**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE **D** ☐ Delete
NAME **COSTANZO, DONNA**
STREET ADDRESS **10871 PALM RIDGE LN.**
CITY-ST-ZIP **TAMARAC FL 33321**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
CITY-ST-ZIPTITLE **VD** ☐ Change ☒ Addition
NAME **David Schrader**
STREET ADDRESS **7416 Parkside Lane**
CITY-ST-ZIP **Margate, FL 33063**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Costanzo

Date

4/30/01

Daytime Phone #

954-578-8480

CR2E034 (10/00)