

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

Aug 08, 2000 8:00 am
Secretary of State

04-12-2000 90079 035 ***150.00

DOCUMENT # P99000068139

1. Entity Name

INDUSTRIAL INSULATION, INC.

P

Principal Place of Business

328 CENTER AVENUE
WHITEHOUSE FL 32220

Mailing Address

P.O. BOX 55
WHITEHOUSE FL 32220-0055

111 Busch DR.

2. Principal Place of Business

Suite, Apt. #, etc.
JACKSONVILLE FL.

City & State

3. Mailing Address

P.O. Box 55

Suite, Apt. #, etc.

City & State
Whitehouse FL.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3586761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Zip

32218

Country

DUVAL

Zip

32220

Country

DUVAL

6. Name and Address of Current Registered Agent

ANDREWS, ULNA F.
328 CENTER AVENUE
WHITEHOUSE FL 32220

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

Ulma Foster Andrews

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Ulma Foster Andrews
328 center Ave.
JACKSONVILLE FL 32220

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

Ulma Foster Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

Date

751-5222

Daytime Phone #

CR2E034 (9/99)