

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068139

1. Entity Name

INDUSTRIAL INSULATION, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90303 034 ***150.00

Principal Place of Business

111 BUSCH DR
JACKSONVILLE FL 32218

Mailing Address

P.O. BOX 55
WHITEHOUSE FL 32220

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 28362

Suite, Apt. #, etc.

City & State

Jacksonville, Fl. 32226

Zip
32226

Country
U.S



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

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

Clayton A. Bragg

Street Address (P.O. Box Number is Not Acceptable)

9256 7th ave.

City

Jacksonville

FL

Zip Code
32208

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 Clayton A. Bragg

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Clayton A. Bragg 2-26-01

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 P
NAME FOSTER, ANDREW
STREET ADDRESS 328 CENTER AVE
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ADMINIST.
NAME CLAYTON A. BRAGG
STREET ADDRESS 9256 7TH AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ Change ☐ Addition

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

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

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

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

TITLE
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:

Foster Andrew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)