

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090667

1. Entity Name

AMERICAN INSULATION & BUILDING PRODUCTS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90092 041 \*\*\*158.75

Principal Place of Business

Mailing Address

1121 ALDERMAN DR., STE. 200  
ALPHARETTA GA 30005

1121 ALDERMAN DR., STE. 200  
ALPHARETTA GA 30005-4102

2. Principal Place of Business

3. Mailing Address

6933 Farbridge Ln

P.O. Box 1842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Alpharetta, Ga.

Zip

32807

Country

Zip

30023-1842 Fulton

Country

4. FEI Number

593602340

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
JILLSON, JOSEPH J  
STREET ADDRESS 3537 S.W. CORPORATE PKWY.  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☒ Change ☐ Addition  
NAME DV'S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
NIXON, JOHN M  
STREET ADDRESS 3537 S.W. CORPORATE PKWY.  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE ☐ Delete  
NAME D  
SOLARI, LARRY T  
STREET ADDRESS 100 CLOCK TOWER PLACE, STE. 200  
CITY-ST-ZIP CARMEL CA 93923

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

CR2E034 19/99