

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000370

1. Entity Name  
SELECT INDUSTRIES OF NAPLES, INC.

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90344 016 \*\*\*150.00

Principal Place of Business

Mailing Address

2154 ARBOUR WALK CIRCLE  
UNIT 2512  
NAPLES FL 34109  
US

2154 ARBOUR WALK CIRCLE  
UNIT 2512  
NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

5051 CASTELLO DRIVE

5051 CASTELLO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10

SUITE 10

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34103

34103

6. Name and Address of Current Registered Agent

4. FEI Number 13-5674893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

AXELRAD, BERT  
2154 ARBOUR WALK CIRCLE  
UNIT 2512  
NAPLES FL 34109

Name

AXELRAD, BERT

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

7091 VERDE WAY

City

NAPLES

FL

Zip Code  
34108

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 BERT AXELRAD

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AXELRAD, BERTRAM 7091 VERDE WAY NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AXELRAD, SIGRID 7091 VERDE WAY NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)