

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000005064**

1. Entity Name

NAPLES FREE-NET, INC.

Principal Place of Business

**2655 NORTHBROOKE DR
SUITE 101
NAPLES FL 34119**

Mailing Address

**2655 NORTHBROOKE DR
SUITE 101
NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0651168

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JAEGER, WILFRED
139 ARCTIC WAY
NAPLES FL 34104**

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	JAEGER, WILFRED	
STREET ADDRESS	139 ARCTIC WAY	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	VD	☐ Delete
NAME	MANNING, FLAUM	
STREET ADDRESS	696-98TH AVE N	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	TD	☐ Delete
NAME	LUPARELLO, ROBERT	
STREET ADDRESS	628- LAMBTON LANE	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

REQUIRED WILFRED JAEGER

Date

1/14/02

Daytime Phone #

944-513-1122**X 174****FILED**
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90067 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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