

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019851

1. Entity Name
INSIDE OUT SERVICES, INC.

Principal Place of Business
1934 DANA DRIVE
STE 1
FORT MYERS FL 33907
US

Mailing Address
P.O. BOX 60861
FORT MYERS FL 33906
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0401517 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BRIGHT, RONALD O. JR.
1934 DANA DRIVE
FORT MYERS FL 33907

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 *Ronald O. Bright Jr.* DATE 11-28-01
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	BRIGHT, RONALD O. JR.	
STREET ADDRESS	1910 HONDA ROAD, #R 4-5	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESSMAN, RICK L	
STREET ADDRESS	1910 HONDA ROAD, #R 4-5	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	1910 HONDA ROAD, #R 4-5	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald O. Bright Jr.* DATE 10-23-01 DAYTIME PHONE # 941-278-3637

FILED

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)