

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025274

1. Entity Name  
INSEL, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90272 018 \*\*\*150.00

Principal Place of Business

574 1ST AVENUE N.  
ST PETERSBURG FL 33701  
US

Mailing Address

PO BOX 1509  
ST PETERSBURG FL 33731-1509  
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 **59-3372179**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTINI, JOHN R  
155 14TH AVENUE N.E.  
ST. PETERSBURG FL 33701

Name **John R. LESTINI**

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

**574 1ST AVE No.**

City **ST. PETERSBURG**

**FL**

Zip Code **33701**

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 (Pres.) **John R. LESTINI** **4-7-00**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LESTINI, JOHN R</b>	
STREET ADDRESS	<b>155 14TH AVENUE N.E.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAGGETT, STEPHEN T</b>	
STREET ADDRESS	<b>11200 9TH STREET EAST</b>	
CITY-ST-ZIP	<b>TREASURE ISLAND FL 33706</b>	
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		

TITLE	<b>PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESTINI, John R</b>	
STREET ADDRESS	<b>332 BELLEAIR Dr. NE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33704</b>	
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: **John R. LESTINI** **4-7-00** **727-894-3391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)