

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90294 010 \*\*\*150.00

**DOCUMENT # P97000041342**

**1. Entity Name**  
**INSEALATORS OF NAPLES, INC.**

**Principal Place of Business**  
**% WILLIAM G. FRUECHT**  
**5371 TAMARIND RIDGE RUN**  
**NAPLES FL 34119**

**Mailing Address**  
**% WILLIAM G. FRUECHT**  
**5371 TAMARIND RIDGE RUN**  
**NAPLES FL 34119**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3455387**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**PARRISH & MOORE, P.A.**  
**2171 PINE RIDGE RD., STE. D**  
**NAPLES FL 34109**

Name **Lombardo J. CHRISTOPHER**  
 Street Address (P.O. Box Number is Not Acceptable) **3200 Tamiami Trail North 200**  
 City **Naples** FL **34103**

**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 **2/5/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
 NAME **FRUECHT, WILLIAM G**  
 STREET ADDRESS **5371 TAMARIND RIDGE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE **D** ☐ Delete  
 NAME **FRUECHT, KATHY D**  
 STREET ADDRESS **5371 TAMARIND RIDGE DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34119**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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:**

 **WILLIAM G. FRUECHT** **4/24/02** **239-594-1101**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)