

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023981

1. Entity Name

IN & OUT INSULATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90082 026 ***150.00

Principal Place of Business

16280 ARBOR RIDGE DR.
 FT. MYERS FL 33908

Mailing Address

16280 ARBOR RIDGE DR.
 FT. MYERS FL 33908-3001

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 **65-0820083**

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

KEATING, DAVID
 16280 ARBOR RIDGE DR.
 FT. MYERS FL 33908

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATING, DAVID J 16280 ARBOR RIDGE DR. FT. MYERS FL 33908 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DANIEL J 18300 ARBOR RIDGE DR. FT. MYERS FL 33908 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATING, LARRY T 16280 ARBOR RIDGE DR. FT. MYERS FL 33908 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pro

4/24/00

Date

(941) 466-1397

Daytime Phone #

CF 1014 (1/98)