

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90083 044 ***150.00

DOCUMENT # **P00000106629**



1. Entity Name
INSIGHTS BY KJJD, INC.

Principal Place of Business
**29605 US 19 NORTH STE 140
CLEARWATER FL 33761**

Mailing Address
**29605 US 19 NORTH STE 140
CLEARWATER FL 33761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

533 MAIN STREET

533 MAIN STREET

City & State

City & State

DUNEDIN, FL

DUNEDIN, FL

Zip

Country

Zip

Country

34698

PINEUAS

34698

PINEUAS

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3682535**

Applied For

Not Applicable

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

**STEARNS, JAMES R
1370 PINEHURST ROAD
DUNEDIN FL 34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPST**
STREET ADDRESS **DONOGHUE, KEVIN J**
CITY-ST-ZIP **29605 US 19 NORTH STE 140
CLEARWATER FL 33761**

TITLE Change Addition
NAME
STREET ADDRESS **533 MAIN STREET**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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TITLE Delete
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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 607, 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:

K. DONOGHUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONOGHUE
PRES.

1/7/03

727-480-0325

Date

Daytime Phone #

CR2E034 (10/02)