

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90243 030 ***150.00

DOCUMENT # J29408

1. Entity Name

INSOURCE, INC.

Principal Place of Business

9500 S. DADELAND BLVD.
 #200
 MIAMI FL 33156-2824
 US

Mailing Address

P. O. BOX 561567
 MIAMI FL 33256-1567
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2776540**

Applied For

Not Applicable

Zip

Country

Zip

Country

33156-2824

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

WORLEY, J. HAYES JR.
9500 S DADELAND BLVD
STE 200
MIAMI FL 33156-2824

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, 2001 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	VD	<input type="checkbox"/> Delete
NAME	KLEIS, WILLIAM F	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTO, ALEJANDRO	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD S/T/D	<input type="checkbox"/> Delete
NAME	BALL, CHARLES C	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LYONS, PHILLIP C	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWICEGOOD, BRIAN E	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VODICKA, CHARLES	
STREET ADDRESS	9500 S DADELAND BLVD 200	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	Chairman / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. HAYES WORLEY, JR.	
STREET ADDRESS	9500 S. Dadeland Blvd. #200	
CITY-ST-ZIP	MIAMI, FLA.	
TITLE	# VICE CHAIRMAN / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD M. HUMPHREY	
STREET ADDRESS	9500 S. Dadeland Blvd. #200	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELSA M. CANAL	
STREET ADDRESS	9500 S. DADELAND BLVD, #200	
CITY-ST-ZIP	MIAMI, FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. BALL
SECRETARY

Date

Daytime Phone #

2/5/01

305-2670-5340

CR2E034 (10/00)