


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90062 025 \*\*\*150.00

**DOCUMENT # J29408**

1. Entity Name  
**INSOURCE, INC.**



Principal Place of Business  
**9500 S. DADELAND BLVD.  
#200  
MIAMI FL 33156-2866  
US**

Mailing Address  
**P. O. BOX 561567  
MIAMI FL 33256-1567  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2776540** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WORLEY, J. HAYES JR.  
9500 S DADELAND BLVD  
STE 200  
MIAMI FL 33156-2866**

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. 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	KLEIS, WILLIAM F	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33156-2866	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SOTO, ALEJANDRO	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI, FL. 33156-2866	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BALL, CHARLES C	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33156-2866	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LYONS, PHILLIP C	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33156-2866	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWICEGOOD, BRIAN E	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL 33156-2866	
TITLE	V	<input type="checkbox"/> Delete
NAME	VODICKA, CHARLES	
STREET ADDRESS	9500 S DADELAND BLVD 200	
CITY-ST-ZIP	MIAMI FL 33156-2866	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: CHARLES C. BALL STD 1/13/03 305-670-6111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)