

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L99000009117**

1. Entity Name

INSIGHT AVIATION, L.L.C.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90817 006 ****50.00

Principal Place of Business

**2665 OAK RIDGE COURT
FORT MYERS FL 33901**

Mailing Address

**2665 OAK RIDGE COURT
FORT MYERS FL 33901**

2. Principal Place of Business

4048 EVANS AVE #301

Suite, Apt. #, etc.

3. Mailing Address

4048 EVANS AVE #301

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0978035**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FORT MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
AKER, ALAN
2665 OAK RIDGE CT.
FT. MYERS FL 33901** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROWN, DAVID C
2665 OAK RIDGE CT.
FT. MYERS FL 33901** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4048 EVANS AVE #301 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4048 EVANS AVE #301 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
DAVID C BROWNDate **6/10/02**Daytime Phone # **239 275-1176**

0038257

CR2E083 (9/01)