

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001531

1. Entity Name

INSIGHT ELECTRONICS, LLC

FILED

01 MAY -7 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

600 S NORTHLAKE BL
SUITE 250
ALTAMONTE SPRINGS FL 32701

Mailing Address

9980 HUENNEKENS ST
SAN DIEGO CA 92121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0823149

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

8000004375539--7
-06/07/01--01066--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PROVENZANO, GREG
STREET ADDRESS 9980 HUENNEKENS ST
CITY-ST-ZIP SAN DIEGO CA 92121 ☐ Delete

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SECRETARY
NAME DOUG LINDROTH
STREET ADDRESS 14105 CAMINITO VISTANA
CITY-ST-ZIP SAN DIEGO, CA 92130 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME DAVID ASHWORTH
STREET ADDRESS 17 THAMES PARK ROAD
CITY-ST-ZIP OXFORDSHIRE, UK OX9-3XD ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR
NAME ROY STEVANSON
STREET ADDRESS 17 THAMES PARK ROAD
CITY-ST-ZIP OXFORDSHIRE, UK OX9-3XD ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TREASURER
NAME BILL DUKAT
STREET ADDRESS 9980 HUENNEKENS STREET
CITY-ST-ZIP SAN DIEGO, CA 92121 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/01

Date

(858) 450-8200

Daytime Phone #