

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90245 022 ***150.00

DOCUMENT # P00000000088

1. Entity Name
INSIGHT STRATEGIES, INC.

Principal Place of Business
6719 WINKLER RD., STE. 120
FT. MYERS FL 33919

Mailing Address
6719 WINKLER RD., STE. 120
FT. MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13451 McGregor Blvd

3. Mailing Address
13451 McGregor Blvd.

Suite, Apt. #, etc.
Suite 26

Suite, Apt. #, etc.
Suite 26

City & State
Fort Myers FL

City & State
Fort Myers, FL

4. FEI Number
65-0973315

Applied For
☐ Not Applicable

Zip
33919

Country
Lee

Zip
33919

Country
Lee

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

CUSHING, MARIANNE
6719 WINKLER RD., STE. 120
FT. MYERS FL 33919

Name
Cushing, MARIANNE

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

13451 McGregor Blvd. Suite 26

City **Fort Myers** **FL** Zip Code **33919**

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
PS
 NAME
POWERS, KIMBERLY
 STREET ADDRESS
6719 WINKLER RD., STE. 120
 CITY-ST-ZIP
FT. MYERS FL 33919

TITLE
PS
 NAME
Powers, Kimberly
 STREET ADDRESS
11716 Mohagany Run
 CITY-ST-ZIP
Fort Myers, FL 33913

TITLE
VT
 NAME
CUSHING, MARIANNE
 STREET ADDRESS
6719 WINKLER RD., STE. 120
 CITY-ST-ZIP
FT. MYERS FL 33919

TITLE
VT
 NAME
Cushing, MARIANNE
 STREET ADDRESS
12766 Vista Pine Circle
 CITY-ST-ZIP
Fort Myers, FL 33913

TITLE
 NAME
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 CITY-ST-ZIP

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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

941-267-2609

Daytime Phone #

CR2E034 (10/00)