

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91383 034 \*\*\*150.00

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**DOCUMENT # P00000021939**

1. Entity Name  
**INSIGHT INVESTMENT PROPERTIES, INC.**



Principal Place of Business  
**505 WEKIVA SPRINGS RD.  
LONGWOOD FL 32779**

Mailing Address  
**505 WEKIVA SPRINGS RD.  
LONGWOOD FL 32779**



2. Principal Place of Business  
**345 Forest Park Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**345 Forest Park Circle**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Longwood, Florida 32779**  
Zip Country  
**32779**

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**Longwood, Florida 32779**  
Zip Country  
**32779**

4. FEI Number  
**59-3632881**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KEIDAISH, PHILIP F JR  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD FL 32779**

**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 \_\_\_\_\_ (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 **D** ☐ Delete  
NAME **PREWITT, SCOTT**  
STREET ADDRESS **505 WEKIVA SPRINGS RD SUITE 800**  
CITY-ST-ZIP **LONGWOOD FL 32779**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **Prewitt, Scott**  
STREET ADDRESS **345 Forest Park Circle**  
CITY-ST-ZIP **Longwood, Florida 32779**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03 407-869-5051**  
Date Daytime Phone #

CR2E034 (10/02)