

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90154 020 \*\*\*150.00

DOCUMENT # P01000097097

1. Entity Name

~~SCHNEIDER PROPERTY MANAGEMENT, INC.~~

INSIGHT HOME INSPECTION SERVICES, INC. Name Change 4/21/03

Principal Place of Business  
1113 SOUTHEAST 47TH TERRACE UNIT 4  
CAPE CORAL FL 33904  
1830 SE 4 ST  
Cape Coral / FL 33990

Mailing Address  
1318 LAFAYETTE STREET  
CAPE CORAL FL 33904  
1830 SE 4 ST  
Cape Coral / FL 33990

2. Principal Place of Business  
1830 SE 4 ST

3. Mailing Address  
1830 SE 4 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Cape Coral FL

City & State  
Cape Coral FL

4. FEI Number 65-1143871

Applied For  
Not Applicable

Zip  
33990

Country

Zip  
33990

Country

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

HILL, THOMAS W  
1318 LAFAYETTE STREET  
CAPE CORAL FL 33904

Name Michael W Schneider

Street Address (P.O. Box Number is Not Acceptable)  
1830 SE 4 ST

City Cape Coral FL Zip Code 33990

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 *Michael W. Schneider*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHNEIDER, MICHAEL ☐ Delete  
STREET ADDRESS 1113 SOUTHEAST 47TH TERRACE UNIT 4  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD  
NAME Schneider, Michael ☒ Change ☐ Addition  
STREET ADDRESS 1830 SE 4 ST  
CITY-ST-ZIP Cape Coral / FL 33990

TITLE SD  
NAME SCHNEIDER, SUSANNE ☐ Delete  
STREET ADDRESS 1113 SOUTHEAST 47TH TERRACE UNIT 4  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD  
NAME Schneider, Susanne ☒ Change ☐ Addition  
STREET ADDRESS 1830 SE 4 ST  
CITY-ST-ZIP Cape Coral / FL 33990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Michael W. Schneider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2003

Date

(239)573-4811

Daytime Phone #

0515410 AV

CR2E034 (10/02)