

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027186

1. Entity Name

SERVICE INSIGHT, INCORPORATED

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90011 036 ***150.00

Principal Place of Business

132 LAKESHORE DR
#720
N. PALM BEACH FL 33408
US

Mailing Address

132 LAKESHORE DRIVE
#720
N. PALM BEACH FL 33408
US

2. Principal Place of Business

21 Yacht Club Drive

Suite, Apt. #, etc.

404

City & State

N. Palm Beach FL 33408

Zip

33408

Country

US

3. Mailing Address

21 Yacht Club Drive

Suite, Apt. #, etc.

404

City & State

N. Palm Beach, Florida

Zip

33408

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0654002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARELA, DOREEN M ESQ.
707 CHILLINGWORTH DRIVE
WEST PALM BEACH FL 33409

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.

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

TITLE PD
NAME MCEWEN, ANNE E
STREET ADDRESS 14255 US HIGHWAY ONE STE 287
CITY-ST-ZIP JUNO BEACH FL 33408 ☐ Delete

TITLE STD
NAME MCEWEN, MURRAY
STREET ADDRESS RURAL ROUTE 3
CITY-ST-ZIP ONTARIO CANADA ☐ Delete

TITLE PD
NAME MCEWEN, ANNE E
STREET ADDRESS 132 LAKESHORE DRIVE., #720
CITY-ST-ZIP N. PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)