

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067661

1. Entity Name

INSITE PLUS II, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90193 037 ***150.00

Principal Place of Business

5703 COCO PLUM DR.
PH 1
TAMARAC FL 33319

Mailing Address

5703 COCO PLUM DR.
PH 1
TAMARAC FL 33319-6114

A0007064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5703 COCO PALM DR.

3. Mailing Address

5703 COCO PALM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH #1

PH #1

City & State

TAMARAC

City & State

TAMARAC

4. FEI Number

65-0779692

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMERANCE, ROGER M
1900 CORPORATE BLVD., N.W.
SUITE 201E EAST BLDG.
BOCA RATON FL 33431

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)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME GILCHICK, LINDA
STREET ADDRESS 5703 COCO PLUM DR.
CITY-ST-ZIP TAMARAC FL 33319

☐ Delete

TITLE VS
NAME GILCHICK, STACEY
STREET ADDRESS 101 W 57TH ST, APT 15G
CITY-ST-ZIP NEW YORK NY 10019

☐ Delete

TITLE VT
NAME GILCHICK, ROBERT A
STREET ADDRESS 4078 CHAMOUNE AVE #5
CITY-ST-ZIP SAN DIEGO CA 92105-1826

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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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:

Linda Gilchick, President 1/12/00 739-2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)