

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000923

1. Entity Name
INSPECTION INSIGHTS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90009 030 ***150.00

Principal Place of Business

1246 SKYLARK AVE.
MARCO ISLAND FL 34145

Mailing Address

1246 SKYLARK AVE.
MARCO ISLAND FL 34145-3938

2. Principal Place of Business

468 ECHO CIRCLE

3. Mailing Address

P.O. Box 1282

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO Island, FL

City & State

MARCO Island, FL

Zip

34145

Country

Zip

34146-1282

Country

COLLIER

4. FEI Number

65-0884919

Applied For

Not Applicable

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

PAULSON, FRANK L
1246 SKYLARK AVE.
MARCO ISLAND FL 34145

Name
Paul H. Gallmann

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

468 Echo Circle

City
Marco Island

FL

Zip Code

34145

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

Paul H. Gallmann

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

(NOTE: Registered Agent signature required when reinstating)

3-22-00

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	GALLMANN, PAUL H	
STREET ADDRESS	1246 SKYLARK AVE.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallmann, Paul H.	
STREET ADDRESS	468 Echo Circle	
CITY-ST-ZIP	MARCO Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

Paul H. Gallmann

Paul H. Gallmann

3-22-00

Date

941-394-0376

Daytime Phone #

CR2E034 (9/99)