

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90073 042 ***150.00

0363593 AV

DOCUMENT # P99000087977

1. Entity Name
INSIGHT TECHNOLOGIES, INC.

Principal Place of Business
14510 PADDOCK DRIVE
WELLINGTON FL 33414

Mailing Address
P.O. BOX 211568
ROYAL PALM BEACH FL 33421

2. Principal Place of Business
14510 Paddock Dr.
 Suite, Apt. #, etc.

3. Mailing Address
14510 Paddock Dr.
 Suite, Apt. #, etc.

City & State
Wellington Florida.
Zip **33414**
Country **Palm Beach.**

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Wellington Florida.
Zip **33414**
Country **Palm Beach.**

4. FEI Number **65-0951925**

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

ALLOE, RICHARD P JR.
14510 PADDOCK DR
WELLINGTON FL 33414

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ALLOE, RICHARD P JR.**
STREET ADDRESS **80 SQUIRE DR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 life empowered.

SIGNATURE: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 **561-718-1763**
 Date Daytime Phone #

CR2E034 (9/01)