

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90001-029-\$508.75-\$508.75

DOCUMENT # P99000108994

Entity Name

INNSIGHT MANAGEMENT SYSTEMS, INC.

FILED

00 SEP 29 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

322 ELIZABETH STREET
KEY WEST FL 33040

Mailing Address

322 ELIZABETH STREET
KEY WEST FL 33040

2. Principal Place of Business

ISLAND HOUSE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1129 FLEMING ST

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. FE Number

65-0999390

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOHRMAN, DARRYL
322 ELIZABETH STREET
KEY WEST FL 33040

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

DARRYL FOHRMAN

9/11/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP
D PRESIDENT
KAY, MARTIN
322 ELIZABETH STREET
KEY WEST FL 33040

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ALLEN, JON
322 ELIZABETH ST
KEY WEST FL 33040

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SECRETARY

TITLE NAME STREET ADDRESS CITY-ST-ZIP
400003423334-2
-10/12/00--01076--025

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*****41.25

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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:

SIGNATURE

9/11/00

3052946284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (500)