

DOCUMENT # V01410

1. Entity Name

INSIGHT WITH INTEGRITY, INC.

Principal Place of Business

Mailing Address

4793 SOUTH CITATION DRIVE
APT. 103
DELRAY BEACH FL 33445
US

4793 SOUTH CITATION DRIVE
APT. 103
DELRAY BEACH FL 33445
US

2. Principal Place of Business

9856 SW Ventura Dr.

Suite, Apt. #, etc.

3. Mailing Address

9856 SW Ventura Dr.

Suite, Apt. #, etc.

City & State

Palm City, Fl.

Zip
34990

Country

Martin

City & State

Palm City, Fl.

Zip
34990

Country

Martin

4. FEI Number

65-0303559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORMANDY, MICHAEL L.
4793 SOUTH CITATION DRIVE, APT. 103
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Normandy, Michael L.

Street Address (P.O. Box Number is Not Acceptable)
9856 SW Ventura Dr.

City

Palm City

FL

Zip Code
34990

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.

Michael L. Normandy, Director

SIGNATURE

Michael L. Normandy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-08-01

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	D	<input type="checkbox"/> Delete
NAME	NORMANDY, MICHAEL L.	
STREET ADDRESS	4793 S. CITATION DRIVE, APT. 103	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANDY, MICHAEL	
STREET ADDRESS	4793 S. CITATION DRIVE, APT. 103	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMANDY, EVELYN	
STREET ADDRESS	4793 SOUTH CITATION DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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.

Michael L. Normandy

SIGNATURE:

Michael L. Normandy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-08-01

CR2E034 (10/00)