

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90044 018 ***150.00

DOCUMENT # V01410

1. Entity Name
INSIGHT WITH INTEGRITY, INC.

Principal Place of Business

**9856 SW VENTURA DR
 PALM CITY FL 34990
 US**

Mailing Address

**9856 SW VENTURA DR
 APT. 103
 PALM CITY FL 34990
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9856 SW Ventura Drive

Suite, Apt. #, etc.

City & State

Palm City, Fl. 34990

4. FEI Number

65-0303559

Applied For

Not Applicable

Zip

Country

Zip

Country

34990

US

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NORMANDY, MICHAEL L
 9856 SW VENTURA DIVE
 PALM CITY FL 34990**

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) ☐

**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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	NORMANDY, MICHAEL	
STREET ADDRESS	4793 S. CITATION DRIVE, APT. 103	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Normandy, Michael L.	
STREET ADDRESS	9856 SW Ventura Drive	
CITY-ST-ZIP	Palm City, Fl. 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Normandy, Michael	
STREET ADDRESS	9856 SW Ventura Drive	
CITY-ST-ZIP	Palm City, Fl. 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Normandy, Evelyn	
STREET ADDRESS	9856 SW Ventura Drive	
CITY-ST-ZIP	Palm City, Fl. 34990	
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02

561-597-6008

Date

Daytime Phone #