

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003141

1. Entity Name

INSIDE/OUTSIDE, INC.

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90558 019 \*\*\*\*61.25

Principal Place of Business

4140 HODGES BLVD.  
 JACKSONVILLE FL 32224

Mailing Address

4140 HODGES BLVD.  
 JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3514414

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

DORLAND, THOMAS P  
 423 WEST 23RD STREET  
 JACKSONVILLE FL 32206

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME BARLAND, THOMAS P  
 STREET ADDRESS 4140 HODGES BLVD  
 CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
 NAME T POINDEXTER, CAROLE J  
 STREET ADDRESS 7892 BAYMEADOWS WAY  
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE ☐ Delete  
 NAME HM FISHER, JOHNNIE B  
 STREET ADDRESS 7915 BELLEMEADE BLVD S  
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE ☐ Delete  
 NAME T BEVEL, JACKIE  
 STREET ADDRESS 1347 SHEARWATER DR  
 CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE ☐ Delete  
 NAME S GLASNER, DONNA  
 STREET ADDRESS 1231 HUBBARD ST  
 CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS P.O. BOX 5472  
 CITY-ST-ZIP JACKSONVILLE, FL. 32247

TITLE ☒ Delete  
 NAME T BINGHAM, JOHN A  
 STREET ADDRESS 2303 EAST LUANA DR  
 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS CATHY CHADEAYNE-GOLDMAN  
 CITY-ST-ZIP 423 W. 23RD ST.  
 JACKSONVILLE, FL. 32206

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carole J. Poinexter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

904-419-2201  
 Date Daytime Phone #

CR2E037 (9/01)