

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003141

1. Entity Name

INSIDE/OUTSIDE, INC.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90368 025 \*\*\*\*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

423 W. 23RD ST

Suite, Apt. #, etc.

JACKSONVILLE, FL

City & State

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip  
32207

Country  
US

Zip

Country

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE S  
NAME GLASNER, DONNA  
STREET ADDRESS PO BOX 5472  
CITY-ST-ZIP JACKSONVILLE FL 32247 ☒ Delete

TITLE D  
NAME CHADEAYNE, CATHY  
STREET ADDRESS 423 W. 23 STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE TREASURER  
NAME JEAN E. JONES  
STREET ADDRESS 1427 MAPLETON RD  
CITY-ST-ZIP JACKSONVILLE, FL. 32207 ☐ Change ☒ Addition

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

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:

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

JEANE. JONES  
TREASURER 4/28/03 (904) 399-8628

Date Daytime Phone #

CR2E037 (10/02)