

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91220 014 \*\*\*150.00

**DOCUMENT # P0000070722**

1. Entity Name  
**IN-SITE DESIGN GROUP, INC.**



Principal Place of Business  
**123 ZAMORA AVE #303  
CORAL GABLES, FL 33134**

Mailing Address  
**123 ZAMORA AVE #303  
CORAL GABLES, FL 33134**

11005587



2. Principal Place of Business  
**3901 S. OCEAN DRIVE**

3. Mailing Address  
**3901 S OCEAN DRIVE**

Suite, Apt. #, etc.  
**B-E**

Suite, Apt. #, etc.  
**B-E**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**HOLLYWOOD, FLORIDA**

City & State  
**HOLLYWOOD, FL**

4. FEI Number  
**65-1055078**

Applied For  
☐ Not Applicable

Zip  
**33019**

Country  
**USA**

Zip  
**33019**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOCAY, ANNIE  
123 ZAMORA AVE #303  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**ANNIE LOCAY**

Street Address (P.O. Box Number is Not Acceptable)  
**3901 S. OCEAN DRIVE**

**B-E**

City  
**HOLLYWOOD**

FL

Zip Code  
**33019**

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 **ANNIE LOCAY, PRESIDENT** **4-18-03.**

(NOTE: Registered Agent's signature required when missing.)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                                                |                                                                                 |                                            |
|------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVSD<br/>LOCAY, ANNIE<br/>123 ZAMORA AVE #303<br/>CORAL GABLES, FL 33134</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>LOCAY, ALEX<br/>123 ZAMORA 303<br/>CORAL GABLES, FL 33134</b>          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                      |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>LOCAY, ANNIE<br/>3901 S. OCEAN DRIVE B-E<br/>HOLLYWOOD, FLORIDA 33019</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>JACK CARRUTHERS<br/>3901 S. OCEAN DRIVE B-E<br/>HOLLYWOOD, FL 33019</b>     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 607, 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: **ANNIE LOCAY, PRESIDENT** **4-18-03**

954-655-7483

CR2E034 (10/02)