

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90068 003 ***150.00

DOCUMENT # P00000103090

1. Entity Name

IN-SYNC CONSULTING GROUP, INC.



Principal Place of Business

7000 WEST PALMETTO PARK ROAD SUITE 200
BOCA RATON FL 33433

Mailing Address

700 S FEDERAL HWY
SUITE 200-SZG
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARELLEK, STEVEN

700 S FEDERAL HWY SUITE 200
BOCA RATON FL 33432

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME WINKLER, JANET ☐ Delete
STREET ADDRESS 30 SOUDAN AVENUE SUITE 500
CITY-ST-ZIP TORONTO, ONTARIO, CANADA ~~M4S 1V6~~

TITLE COB
NAME FINDLAY, ALISON ☐ Delete
STREET ADDRESS 30 SOUDAN AVENUE STE. 500
CITY-ST-ZIP TORONTO, ONTARIO, CANADA ~~M4S 1V6~~

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE WINKLER, JANET ☒ Change ☐ Addition
NAME
STREET ADDRESS 30 SOUDAN AVENUE, SUITE 500
CITY-ST-ZIP TORONTO, ONTARIO, CANADA M4S 1V6

TITLE FINDLAY, ALISON ☒ Change ☐ Addition
NAME
STREET ADDRESS 30 SOUDAN AVENUE, SUITE 500
CITY-ST-ZIP TORONTO, ONTARIO, CANADA M4S 1V6

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 19, 03 (416) 932-0921

Date

Daytime Phone #

CR2E034 (10/02)