

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90073 046 \*\*\*158.75

**DOCUMENT # P00000105118**

1. Entity Name  
**INSTYLE AUTO INC.**



Principal Place of Business  
**1609 W MCNAB RD  
POMPANO BEACH FL 33069**

Mailing Address  
**1609 W MCNAB RD  
POMPANO BEACH FL 33069**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1053572**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LANZI, DAVID  
1609 W MCNAB RD  
POMPANO BEACH FL 33069**

Name **DAVID LANZI**  
Street Address (P.O. Box Number is Not Acceptable)  
**9528 N.W. 52 CT**  
City **Coral Springs** **FL** Zip Code **33076**

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 **DAVID LANZI** **2/5/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVPD** ☒ Delete  
NAME **LANZI, CHARLES**  
STREET ADDRESS **1609 W MCNAB RD**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **SVPD** ☒ Change ☐ Addition  
NAME **DAVID LANZI**  
STREET ADDRESS **9528 N.W. 52 CT**  
CITY-ST-ZIP **Coral Springs FL 33076**

TITLE **C** ☐ Delete  
NAME **LANZI, DAVID**  
STREET ADDRESS **1609 W MCNAB RD**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **9528 N.W. 52 CT** ☒ Change ☐ Addition  
NAME **Coral Springs FL 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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 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: **DAVID LANZI** **2/5/03** **650-7502**  
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)