

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90374 010 ***150.00

DOCUMENT # P01000073241

1. Entity Name
INLU CORPORATION

Principal Place of Business
**3250 PARK CENTER BLVD. NORTH
 POMPANO BEACH FL 33064**

Mailing Address
**3250 PARK CENTER BLVD. NORTH
 POMPANO BEACH FL 33064**

3005 MARY DR



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3005 mercy DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

4. FEI Number

04-3623280

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUCE, THOMAS A
 3250 PARK CENTER BLVD. NORTH
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name
THOMAS L STEAD

Street Address (P.O. Box Number is Not Acceptable)

3005 mercy Drive

City
ORLANDO

FL

Zip Code
32808

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 **THOMAS L. STEAD** **TREASURER**

Thomas L Stead

7-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE RECORDED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

Date

407.578.6222

Daytime Phone #

CR2E034 (4/02)

#Attachment

970491

#PO100007324

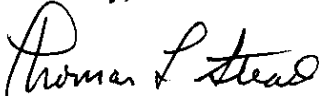
July 10,2002

Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

To Whom This May Concern:

Enclosed is our paperwork for INLU, Corporation. This is the first notice we have received and we would request that we be allowed to waive the late fee. We apologize for the inconvenience and will hopefully receive the proper paperwork in the future.

Sincerely,



Thomas L. Stead
General Manager