2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000072621 DOCUMENT



FILED Jan 08, 2003 8:00 am Secretary of State

1. Entity Name INSIDE OUT G					O	1-08-2003 90039	9 021 ***1.	58.75	
Principal Place of Business 4213 BELLE VISTA DR 4213 BELLE VISTA DR ST PETERSBURG BCH FL 33706 Mailing Address 4213 BELLE VISTA DR ST PETERSBURG BCH FL 33706									
2. Principal Place of 7400 Gr	f Business ULF BLVP.	3. Mailing Address 7400 GAULF BLUB.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Suite, Apt. #, etc		Suite, Apt. #, etc.			□ сн	ECK HERE IF MAKIN			
ST. PETE BEACH, FL.		ST. PETE BEACH, F			22-3856495 No		pplied For lot Applicable		
33706	Country USA	33706	Country US	A	5. Certificate of Statu		\$8.75 Ad Fee Require		
6.	Name and Address of Curren	t Registered Agent		<u> </u>	7. Name and Addre	ss of New Registere	d Agent		
				Name					
SCOTT, SHERI L				Street Address	(P.O. Box Number is No	Acceptable)			
4213 BELLE VI	STA DR		_		<u> </u>				1
ST PETERSBUR	RG BCH FL 33706								
				City		F	L Zip Co	de	
8. The above name the obligations of	ed entity submits this statement of registered agent.	for the purpose of changing	its registered	office or registe	red agent, or both, in the	e State of Florida. a	m familiar with	, and accept	
CIGNIATURE							_		
SIGNATURE	ure, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registered	Agent signature require	d when reinstating)	DATE			
Signat FILE After May	NOW!!! FEE IS \$150.00 / 1, 2003 Fee will be \$550.00		OTE: Registered	Agent signature require	9. Election C	DATE Campaign Financing d Contribution.	\$5.	00 May Be ad to Fees	-
Signat FILE After May Make Check Pay	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	of State	OTE: Registered	Agent signature require	9. Election C Trust Fund	Campaign Financing	\$5.	ed to Fees	
signat FILE After May Make Check Pay	NOW!!! FEE IS \$150.00 / 1, 2003 Fee will be \$550.00	of State		P7.	9, Election C Trust Fund ADDITIONS/CHAN	Campaign Financing d Contribution. GES TO OFFICERS A	\$5.	RS IN 11	(02)
Signat FILE After May Make Check Pay	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	of State	11. TITLE	PI	9, Election (Trust Fund ADDITIONS/CHAN	Campaign Financing d Contribution. GES TO OFFICERS A	\$5. Adde	RS IN 11	(10/02)
FILE After May Make Check Pay 10.	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	of State	11. TITLE NAME STREE	P/She	9, Election C Trust Fund , ADDITIONS/CHAN ELLI C. SCOT 13 Belle VIS	Campaign Financing Id Contribution. GES TO OFFICERS A	\$5. Adde ND DIRECTO	RS IN 11	034 (10/02)
9 FILE After May Make Check Pay 10. TITLE NAME	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	O of State D DIRECTORS Delete	11. TITLE NAME STREE	P/She	9, Election (Trust Fund ADDITIONS/CHAN	Campaign Financing Id Contribution. GES TO OFFICERS A	S5. Adde ND DIRECTO Change	ed to Fees RS IN 11 Addition	R2E034 (10/02)
9 FILE After May Make Check Pay 10. TITLE NAME STREET ADDRESS	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	of State	11. TITLE NAME STREE CITY-:	ADDRESS 42 ST-ZIP ST-	9. Election (Trust Fund ADDITIONS/CHAN PLI L. SCOT BEILE VIS PETE BEAC	Campaign Financing d Contribution. GES TO OFFICERS A TA DR. 4, F(. 33	\$5. Adde ND DIRECTO	ed to Fees RS IN 11 Addition	CR2E034 (10/02)
9 FILE After May Make Check Pay 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NOW!!! FEE IS \$150.00 7 1, 2003 Fee will be \$550.00 able to Florida Department	O of State D DIRECTORS Delete	11. TITLE NAME STREE CITY-STITLE	ADDRESS 42 ST-ZIP ST-	9. Election (Trust Fund ADDITIONS/CHAN PLI L. S COT BELLE VIS PETE BEAC TO B. SCOTT	Campaign Financing of Contribution. GES TO OFFICERS A TA DR. 4, F(. 33	S5. Adde ND DIRECTO Change	ed to Fees RS IN 11 Addition	CR2E034 (10/02)
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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 any attachment in the control of the corporation of the c

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

7-6-03 727-363-4485

Change

Addition