


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90162 050 \*\*\*150.00

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<b>DOCUMENT #</b> P02000118777	
<b>1. Entity Name</b> IN CATALOG, INC.	

<b>Principal Place of Business</b> 2005 S.E. 10TH AVE. SUITE 403 FORT LAUDERDALE FL 33316	<b>Mailing Address</b> 2005 S.E. 10TH AVE. SUITE 403 FORT LAUDERDALE FL 33316
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<b>2. Principal Place of Business</b> 3050 Universal Blvd Suite, Apt. #, etc. #120	<b>3. Mailing Address</b> 3050 Universal Blvd Suite, Apt. #, etc. #120
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<b>City &amp; State</b> Weston FL	<b>City &amp; State</b> Weston FL
<b>Zip</b> 33331	<b>Country</b> Broward



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 51-0434707	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GIBBS, KRISTINE 2005 S.E. 10TH AVE. SUITE 403 FORT LAUDERDALE FL 33316	
<b>7. Name and Address of New Registered Agent</b> 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

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Kristine Gibbs 2455 Hollywood Blvd #123 Hollywood, FL 33020			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an attachment with an address, with another like empowered.

**SIGNATURE:**  Kristine Gibbs 1/30/03 954-453-1152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)