

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-04-2003 90142 007 ***150.00

0113906 AV

DOCUMENT # P96000104445

1. Entity Name

INNER STATE CONCEPT'S, INC.



Principal Place of Business

**75 ADA ST
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 1004
TARPON SPRINGS FL 34688**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3248005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASE, ALVIN D
75 ADA ST
TARPON SPRINGS FL 34689**

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 \$550.00

After September 10, 2003, Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CASE, ALVIN D
75 ADA ST
TARPON SPRINGS FL 34689**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

7/31/03 (864) 630-8250
Date Daytime Phone #

CP25034 (4/03)

Attachment

10110638

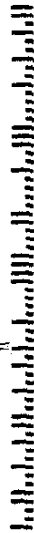
#P96000104445

FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS

94721



TO: 0113906 AU **AUTO T8 1 1297 34688-100404



P96000104445

INNER STATE CONCEPT'S, INC.

P.O. BOX 1004

TARPON SPRINGS FL 34688-1004



FLORIDA DEPARTMENT OF STATE

Secretary of State

Glenda E. Hood

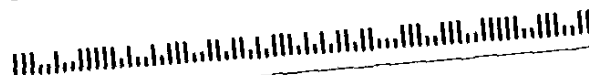
DIVISION

P.O.

Tallahassee

3 INNE004 T346883214 1303 22 07/07/03

3 INNERSTATE CONCEPTS
3 DEERBORNE DR
TAYLORS SC 29687-5400



THIS 2nd notice was
forwarded. But did not receive
the 1st notice.