2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088278

1. Entity Name

INLINE CORPORATE MARKETING, INC.

Principal Place of Business	Mailing Address
~~970 DOUGLAS AVE.~~ ~~SUITE 102~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~	~~970 DOUGLAS AVE~~ ~~SUITE 102~~ ~~ALTAMONTE SPRINGS FL 32714~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
397 Wekiva Springs Rd.	397 Wekiva Springs Rd.
Suite, Apt. #, etc. Suite 225	Suite, Apt. #, etc. Suite 225
City & State Longwood, FL	City & State Longwood, FL
Zip 32779 Country USA	Zip 32779 Country USA

4. FEI Number 59-3474505	Applied For ☐ / Not Applicable
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
SIRAGUSA, LORI A ~~970 DOUGLAS AVE~~ ~~SUITE 102~~ ~~ALTAMONTE SPRINGS FL 32714~~ 397 Wekiva Springs Rd. Suite 225 Longwood, FL 32779	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.

SIGNATURE **Lori Siragusa Owner/Founder** **Jan. 22, 2001**

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 $150.00** After MAY 1, 2001 Fee will be $550.00 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 D NAME SIRAGUSA, LORI A STREET ADDRESS ~~970 DOUGLAS AVE SUITE 102~~ CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/Founder Lori Siragusa 397 Wekiva Springs Rd Longwood, FL 32779	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ Jan 17, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #