

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90162 040 ***150.00

DOCUMENT # P97000088284

1. Entity Name
INLINE DESIGN, INC.



Principal Place of Business

~~397 WEKIVA SPRINGS RD~~
~~SUITE 225~~
~~LONGWOOD FL 32779~~
US

Mailing Address

~~397 WEKIVA SPRINGS RD~~
~~SUITE 225~~
~~LONGWOOD FL 32779~~
US

2. Principal Place of Business

1101 N. Lake Destiny Rd.
Suite, Apt. #, etc.
Suite 300
City & State
Maitland, FL
Zip
32751 *Change*

Mailing Address

City & State
FL
Zip
32751



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3474506**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAPETERS, PATRICIA R
~~397 WEKIVA SPRINGS RD~~
~~SUITE 225~~
~~LONGWOOD FL 32779~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1101 N. Lake Destiny Rd.
Suite 300
Maitland **FL** Zip Code *32751*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OF	<input type="checkbox"/> Delete
NAME	LAPETERS, PATRICIA R	
STREET ADDRESS	397 WEKIVA SPRINGS RD STE 225	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Owner</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1101 N. Lake Destiny Road, Ste 300</i>	
CITY-ST-ZIP	<i>Maitland, FL 32751</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia R. Lapeters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 *407-865-6421*
Date Daytime Phone #

CR2E034 (10/02)