

**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.

Mailing Address
SAME

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
SAME

City & State
Maitland, FL

City & State
SAME

CHECK HERE IF MAKING CHANGES

Zip
32751

Country
Change

Zip
SAME

Country
SAME

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
Owner

Street Address (P.O. Box Number is Not Acceptable)
**1101 N. Lake Destiny Rd.
Suite 300
Maitland FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. **\$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		

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Owner	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owner	
STREET ADDRESS	1101 N. Lake Destiny Road, Ste 300	
CITY-ST-ZIP	Maitland, FL 32751	
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** **3/4/03** **407-865-6424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)