

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90138 037 ***150.00

DOCUMENT # P99000059327

1. Entity Name
IN STYLE GRAPHIC DESIGN, INC.

Principal Place of Business

**2 DESFORD LANE
 BOYNTON BEACH FL 33426**

Mailing Address

**2 DESFORD LANE
 BOYNTON BEACH FL 33426**



2. Principal Place of Business

10158 Stonehenge Circle

3. Mailing Address

10158 Stonehenge Circle

Suite, Apt. #, etc.

Apt 804

Suite, Apt. #, etc.

Apt 804

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

4. FEI Number

65-0928589

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKENZIE, MELISSA

2 DESFORD LANE

BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Melissa Mackenzie

Street Address (P.O. Box Number is Not Acceptable)

10158 Stonehenge Circle

Apt 804

City

Boynton Beach, FL

Zip Code

33437

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

Melissa Mackenzie

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **MACKENZIE, MELISSA**
 STREET ADDRESS **2 DESFORD LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **10158 Stonehenge Circle**
 STREET ADDRESS **Apt 804**
 CITY-ST-ZIP **Boynton Bch, FL 33437**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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:

Melissa Mackenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)