

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90310 011 ****61.25

DOCUMENT # N98000002097

1. Entity Name

ARTS AND INSPIRATION, INC.

Principal Place of Business

**629 TIMBER POND DRIVE
 BRANDON FL 33510**

Mailing Address

**POST OFFICE BOX 2946
 BRANDON FL 33509-2946**

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

59-3506002

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUTEN, MARK D
 629 TIMBER POND DRIVE
 BRANDON FL 33510**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD Delete
 NAME: ROUTEN, MARK D
 STREET ADDRESS: 629 TIMBER POND DRIVE
 CITY-ST-ZIP: BRANDON FL 33510

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

TITLE: SD Delete
 NAME: FABIAN, STEVEN E
 STREET ADDRESS: 4005 CLEMENS COURT
 CITY-ST-ZIP: PLANT CITY FL 33567

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 5105 SYLVAN OAKS DRIVE
 CITY-ST-ZIP: VALRICO, FL 33594

TITLE: TD Delete
 NAME: ROUTEN, BARBARA J
 STREET ADDRESS: 629 TIMBER POND DRIVE
 CITY-ST-ZIP: BRANDON FL 33510

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
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 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: 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 617, 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: *MARK D. ROUTEN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2001 *813-685-6519*
 Date Daytime Phone #

CR2E037 (10/00)