

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752006

1. Entity Name

INNERSPACE EXPLORERS, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90158 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 1681  
TAMPA FL 33601  
US

P.O BOX 1681  
TAMPA FL 33601-1681  
US

2. Principal Place of Business

P.O. Box 272229

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 272229

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
TAMPA FL

City & State  
TAMPA FL

4. FEI Number

59-2080313

Applied For

Not Applicable

Zip  
33688

Country  
USA

Zip  
33688

Country  
USA

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

LOWE, JAMES F. JR  
3233 LAUREL DALE DR  
TAMPA FL 33618

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

*James F. Lowe Jr*

(NOTE: Registered Agent signature required when reinstating)

2/18/00

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 D ☒ Delete  
NAME WALKER, JOHN  
STREET ADDRESS 3811 N. OAK DR., #E-12  
CITY-ST-ZIP TAMPA

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME BARBARA BLAKELY  
STREET ADDRESS 4706 W. CREST AV  
CITY-ST-ZIP TAMPA FL 33614

TITLE VP ☒ Delete  
NAME KENNEY, LILLIAN  
STREET ADDRESS 7147 TRENTON PLACE  
CITY-ST-ZIP NEW PORT RITCHEY FL

TITLE VICE PRESIDENT ☒ Change ☐ Addition  
NAME JOANNE CAMERON  
STREET ADDRESS 908 CENTERBROOK DR  
CITY-ST-ZIP BRANDON FL 33511

TITLE P ☐ Delete  
NAME GARVEY, MATTHEW  
STREET ADDRESS 18416 SWAN LAKE DRIVE  
CITY-ST-ZIP LUTZ FL

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

TITLE T ☐ Delete  
NAME LOWE, JAMES F. JR  
STREET ADDRESS 3233 LAUREL DALE DR  
CITY-ST-ZIP TAMPA FL

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

TITLE S ☒ Delete  
NAME BUTI, PEGGY  
STREET ADDRESS 1246 WITERRACE DR.  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE SECRETARY ☒ Change ☐ Addition  
NAME MARILYN NURU  
STREET ADDRESS 1619 BAKER RD  
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ Delete  
NAME HARDY, JUDITH  
STREET ADDRESS 515 OAKHURST ST  
CITY-ST-ZIP BRANDON FL

TITLE ☐ Change ☐ 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 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:

*JAMES F. LOWE, JR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

813.962.1592

Daytime Phone #

CR2E037 (9/99)