

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90063 050 ****61.25

0095802

DOCUMENT # 752006

1. Entity Name

INNERSPACE EXPLORERS, INC.

Principal Place of Business

P. O. BOX 272229
TAMPA FL 33688
US

Mailing Address

P. O. BOX 272229
TAMPA FL 33688
US

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

59-2080313

Applied For

Not Applicable

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **BLAKELY, BARBARA**
CITY-ST-ZIP **4706 W. CREST AV**
TAMPA FL 33614

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **CAMERON, JOANNE**
CITY-ST-ZIP **908 CENTER BROOK DR**
BRANDON FL 33511

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **CAMERON, JOANNE**
CITY-ST-ZIP **908 CENTER BROOK DR**
BRANDON FL 33511

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

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **HYNIOVA, JUTKA**
CITY-ST-ZIP **319 BELLEVIEW AV**
TEMPLE TERRACE 33617

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

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **LOWE, JAMES F. JR**
CITY-ST-ZIP **3233 LAUREL DALE DR**
TAMPA FL 33618

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **NYRU, MARILOU**
CITY-ST-ZIP **1619 BAKER RD**
LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **NYRU, MARILOU**
CITY-ST-ZIP **1619 BAKER RD**
LUTZ FL 33549

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

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

Daytime Phone #

4/2/01 813-962-1592

CR2E037 (10/00)