

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**  
 04-24-2002 90260 040 \*\*\*\*61.25

**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

4. FEI Number

**59-2080313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **LP** ☒ Delete  
 NAME **HYNIDVA, JITKA LILLIAN KENNEY**  
 STREET ADDRESS **319 BELLEVIEW AVE 1701 PINEHURST RD. #20C**  
 CITY-ST-ZIP **TAMPA FL 33617 DUNEDIN FL 34698**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **LILLIAN KENNEY**  
 STREET ADDRESS **1701 PINEHURST RD # 20C**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **JP** ☐ Delete  
 NAME **LOWE, JAMES F JR**  
 STREET ADDRESS **3233 LAUREL DALE DR**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE **TREASURER** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

**4/2/02**  
 Date

**813.962.1592**  
 Daytime Phone #

CR2E037 (9/01)