

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90198 016 \*\*\*\*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

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 **BARBARA BLAKELY**

Street Address (P.O. Box Number is Not Acceptable)  
**4706 WEST CREST AVE**

City **TAMPA**

FL

Zip Code **33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Blakely*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/8/03**  
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  
Florida 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 **D** ☐ Delete  
NAME **CAMERON, JOANNE**  
STREET ADDRESS **908 CENTER BROOK DR**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **P** ☐ Change ☒ Addition  
NAME **CHRISTE CAMERON**  
STREET ADDRESS **P.O. BOX 2362**  
CITY-ST-ZIP **RIVERVIEW, FL 33568**

TITLE **P** ☐ Delete  
NAME **KENNEY, LILLIAN**  
STREET ADDRESS **1701 PINEHURST RD #20C**  
CITY-ST-ZIP **DUNEDIN FL 34698**

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

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

TITLE **T** ☐ Change ☒ Addition  
NAME **JOAN L. FITTERLING**  
STREET ADDRESS **358 BAHIA VISTA DR**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

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: *Barbara Blakely* **BARBARA BLAKELY** **4/8/03** **813-877-1252**

CR2E037 (10/02)