

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 030 ****55.00

DOCUMENT # L01000005102

1. Entity Name

INNSPARATIONS LLC



Principal Place of Business

6123 E DALY LANE
INVERNESS FL 34452

Mailing Address

6123 E DALY LANE
INVERNESS FL 34452

2. Principal Place of Business

The Peninsula Inn & Spa

3. Mailing Address

4685 26th Ave. S

Suite, Apt. #, etc.

2937 Beach Blvd. S

Suite, Apt. #, etc.

City & State

Gulfport, FL

City & State

St. Petersburg, FL

Zip

33707

Country

USA

Zip

33711

Country

USA

4. FEI Number

58-2615046

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KOZBELT, LAURIE

6123 E DALY LANE

INVERNESS FL 34452

7. Name and Address of New Registered Agent

Name **Laurie Kozbelt**

Street Address (P.O. Box Number is Not Acceptable)

4685 26th Ave. S.

City

St. Petersburg

FL

Zip Code

33711

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete

NAME **GRABOWSKI, AMY L**
STREET ADDRESS **6123 E DALY LANE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **MGRM** ☐ Delete

NAME **KOZBELT, LAURIE**
STREET ADDRESS **6123 E DALY LANE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **4685 26th Ave. S.**
CITY-ST-ZIP **St. Petersburg, FL 33711**

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **4685 26th Ave. S.**
CITY-ST-ZIP **St. Petersburg, FL 33711**

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/03

Date

(727) 776-3532

Daytime Phone #

CR2E083 (10/02)