

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-26-2002 90013 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014464

1. Entity Name

INSPIRATIONS OF TAMPA, LLC

Principal Place of Business

**2305 W. LINEBAUGH
TAMPA FL 33612**

Mailing Address

**2305 W. LINEBAUGH
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, DENISE M
2305 W. LINEBAUGH
TAMPA FL 33612**

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

Denise M. Gonzalez

2/10/02

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	Partner	<input type="checkbox"/> Delete
NAME	Denise M. Gonzalez	Director
STREET ADDRESS	2305 W. Linebaugh Ave	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	PARTNER	<input type="checkbox"/> Delete
NAME	Michele Riley	Director
STREET ADDRESS	2305 W. Linebaugh Ave	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Rhonda Ladonicki	Director
STREET ADDRESS	2305 W. Linebaugh Ave	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Kathy Stack	<input type="checkbox"/> Delete
NAME	2305 W. Linebaugh	Director
STREET ADDRESS	Tampa, FL 33612	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise M. Gonzalez

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

2/10/02

813-936547

Daytime Phone #

CR2E083 (9/01)