2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M89608

1. Entity Name INSPIRATIONAL ELEGANCE, INC.





FILED Apr 03, 2003 8:00 am Secretary of State 04-03-2003 90158 003 ***150.00

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Sullo, Apt. 4, etc. Sullo, Apt. 4, etc. City & State Ci	12788 INDI LARGO, FL	DOLOA, ELEGANCE, INC AN FIDCKS ROAD . 33774	LARGO, FL	3377	KINS HUAD			
City & State City & State City & State City & State A. FEI Number S9-2884906 Application For Applicable For	Principal Place of Business 3. Mailing Address						1831 81611 83811 81911 1	
September Sept	Suite, Apt. #, etc. Suite, Apt. #, et			tc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (RO. Box Number is Not Acceptable) Street Address (RO. Box Number is Not Acceptable) Street Address (RO. Box Number is Not Acceptable) City FL Zip Code 8. Fre above named entity spirmts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the occipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the ocipations of registered agent, or both, in the State of Fl	- City & State City & State					4. FEI Number 59-2894906		
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T27-584-6863 City FL Zip Code 8. The above named entity spiritis this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SIGNATURE Signatures topics of general varies of registered agent. (NOTE Registered Agent signature required when remaining) PME FILE NOWITY FEE IS \$150.00 After May 1, 2003Fee will be \$550.00 ART PORT OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DETERMINATION BARBARA M. SIREST MORESS CITY-S1-2P TILE MAME SIREST MORESS CITY-S1-2P TILE MAME	TO B NISPIR	ATIONAL ELEGANCE.	INC.	Street Address (P.O. Box Number is Not Acceptable)				
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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 607, 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:

IGNATURE AND TYPED OR PRINTED NOTE OF SIGNING OFFICER OR DIRECTOR