

6/11

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 043 ****70.00

DOCUMENT # N97000002893

1. Entity Name

INSPIRATIONALLY YOURS MOTIVATIONAL SERVICES, INC

Principal Place of Business

Mailing Address

6800 N.W. 27TH AVENUE
 #W-109
 MIAMI FL 33147

6800 N.W. 27TH AVENUE
 #W-109
 MIAMI FL 33147

96959

2. Principal Place of Business

3. Mailing Address

3171 NW 57 STREET

3171 NW 57 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL 33142

City & State

MIAMI FL

4. FEI Number

65-0755943

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

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

WILLIS, TIFFANY
 3171 N.W. 57 STREET
 MIAMI FL 33142

Name TIFFANY WILLIS - GILMORE

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

Tiffany Willis - Gilmore
 (Signature, typed or printed name of registered agent and title if applicable.)

TIFFANY WILLIS-GILMORE

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/02

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 PD
 NAME ROLLINS, CAROLY
 STREET ADDRESS 5400 N.W. 22ND AVENUE, 8TH FLOOR
 CITY-ST-ZIP MIAMI FL 33147 ☐ Delete

TITLE
 NAME TIFFANY WILLIS-GILMORE ☒ Change ☐ Addition
 STREET ADDRESS 3171 NW 57 STREET
 CITY-ST-ZIP MIAMI FL 33142 ☒ D

TITLE TD
 NAME HAMLER, DELSIE
 STREET ADDRESS 1730 BISCAYNE BLVD. #201
 CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE
 NAME TIFFANY WILLIS-GILMORE ☒ Change ☐ Addition
 STREET ADDRESS 3171 NW 57 STREET
 CITY-ST-ZIP MIAMI FL 33142 ☒ D

TITLE SD
 NAME GILMORE, SAMUEL-L JR.
 STREET ADDRESS 6800 N.W. 27TH AVENUE, #W103
 CITY-ST-ZIP MIAMI FL 33147 ☐ Delete ☒ D

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE CORY WITHERSPOND ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 15800 NW 42 AVENUE
 CITY-ST-ZIP MIAMI, FL 33054 ☒ D

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Tiffany Willis - Gilmore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIFFANY WILLIS-GILMORE
 6/6/02 (305) 634-7558
 Date Daytime Phone #

CR02037 (9/01)