

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

6/11/2003-90060-033-\$70.00-\$70.00

DOCUMENT # N97000002893

1. Entity Name  
INSPIRATIONALLY YOURS MOTIVATIONAL SERVICES, INC



03 OCT 27 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3171 NW 57 STREET  
MIAMI FL 33142

Mailing Address

3171 NW 57 STREET  
MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

172 N. PORTAGE PATH

Suite, Apt. #, etc.

5

City & State

AERON OH

Zip

Country

Zip

44303

Country

USA

4. FEI Number 65-0755943

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE Tiffany Willis-Gilmore TIFFANY WILLIS-GILMORE 6/9/03

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

TITLE PD  
NAME WILLIS-GILMORE, TIFFANY  
STREET ADDRESS 3171 NW 57 STREET  
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

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

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

TITLE D  
NAME WITHERSPOON, CORY  
STREET ADDRESS 15800 NW 42 AVE  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TREASURER  
NAME THOMAS DONALDSON  
STREET ADDRESS 269 NW 7 STREET, #318  
CITY-ST-ZIP MIAMI, FLORIDA 33136 ☒ Change ☐ Addition

TITLE SECRETARY  
NAME NIA IMANI  
STREET ADDRESS 5200 NW 31 AVE, #E-90  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311 ☒ Change ☐ Addition

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)