

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90260 027 ****61.25

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DOCUMENT # N98000002097

1. Entity Name

ARTS AND INSPIRATION, INC.



Principal Place of Business

**629 TIMBER POND DRIVE
BRANDON FL 33510**

Mailing Address

**POST OFFICE BOX 2946
BRANDON FL 33509-2946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

629 TIMBER POND DR

City & State

City & State

BRANDON FL

Zip

Country

Zip

Country

33510

USA

4. FEI Number **59-3506002**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUTEN, MARK D
629 TIMBER POND DRIVE
BRANDON FL 33510**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROUTEN, MARK D	
STREET ADDRESS	629 TIMBER POND DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FABIAN, STEVEN E	
STREET ADDRESS	5105 SYLVAN OAKS DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROUTEN, BARBARA J	
STREET ADDRESS	629 TIMBER POND DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

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

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 another like empowered.

SIGNATURE:

MARK D. ROUTEN

Date

Daytime Phone #

CR2E037 (10/02)