

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90436 030 \*\*\*150.00

0089628 AV

**DOCUMENT # P97000074042**

1. Entity Name  
**INSPIRATIONS, INC.**

Principal Place of Business Mailing Address  
**200 E. ROBINSON ST. STE: 865** **P.O. BOX 2188**  
**ORLANDO FL 32801** **WINTER PARK FL 32790**

**B0062521**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**719 Kiwi Circle**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Winter Park, FL**

City & State

4. FEI Number  
**59-3469367**

Applied For  
 Not Applicable

Zip Country  
**32789 USA**

Zip Country

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

**MARKS, ROBERT O**  
**200 E. ROBINSON ST**  
**#1160**  
**ORLANDO FL 32801**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
**P**  
 NAME **ELROD, THOMAS**  
 STREET ADDRESS **791 KIWI CIR.**  
 CITY-ST-ZIP **WINTER PARK FL 32789-3223**

TITLE ☒ Change ☐ Addition  
**P**  
 NAME **Elrod, Thomas**  
 STREET ADDRESS **719 Kiwi Circle**  
 CITY-ST-ZIP **Winter Park, FL 32789-3223**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02** **402-629-4156**  
 Date Daytime Phone #

CR2E034 (9/01)