## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P99000008502 1. Entity Name INSHALLA PRODUCTS, INC. 08-03-2000 90034 047 \*\*\*150.00 Principal Place of Business Mailing Address 10567 CORY LAKE DRIVE 10567 CORY LAKE DRIVE TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 4 5000 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Vice President Change President Change ☐ Delete TITLE TITLE HOROBEC, BILL R NAME 10567 CORY LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33647 TITLE Delete TITI F HOROBEC, JUDY NAME NAME 10567 CORY LAKE DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33647** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCCORD, MICHAEL NAME 10567 CORY LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 care vired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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Inshalla Products Inc. P.O. Box 46155 Tampa FL. 33647



July 27, 2000

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

**Dear Division of Corporations:** 

I have just received your forms to complete for the 2000 Uniform Business Report. I was surprised to see the words "Second Notice" on the front because I never received a "First Notice".

Therefore, I am completing my form and enclosing a check for \$150 since I did not receive the form and this caused me to miss the May deadline.

Next year I will be aware of the deadline and be sure it is paid early!

Thank you.

Sincerely,

Judy Horobec, President