

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90408 012 ***150.00

DOCUMENT # P99000054184

1. Entity Name

INNER STRENGTH, INC.

Principal Place of Business

Mailing Address

1172 26th AVE. N.
 ST. PETERSBURG, FL 33704

1172 26th AVE. N.
 ST. PETERSBURG, FL 33704

2. Principal Place of Business

1172 26th AVE. N.

Suite, Apt. #, etc.

3. Mailing Address

1172 26th AVE. N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

Zip 33704

Country USA

City & State

ST. PETERSBURG, FL

Zip 33704

Country USA

4. FEI Number

593582068

Applied For

Not Applicable

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

SPIEGEL & UTRERA P.A.
 343 ALMERIA AVE.
 CORAL GABLES, FL.
 33134

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

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

(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, 2001 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
 NAME PRESIDENT
 STREET ADDRESS DANIEL A. STEWART
 CITY-ST-ZIP 1172 26th AVE. N.
 ST. PETERSBURG, FL 33704

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

TITLE ☐ Delete
 NAME VICE PRESIDENT
 STREET ADDRESS KENLEY STEWART
 CITY-ST-ZIP 1172 26th AVE. N.
 ST. PETERSBURG, FL 33704

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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

DANIEL A. STEWART

Date

Daytime Phone #

4/26/01 (727) 896-3321

CR2E034 (11/00)