

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90120 024 \*\*\*150.00

**DOCUMENT # P99000075814**

**1. Entity Name**  
**INSPIRATIONAL ART PRODUCTS, INC.**

**Principal Place of Business**      **Mailing Address**  
**3413 VALLEY RANCH RD.**      **3413 VALLEY RANCH RD.**  
**LUTZ FL 33549**      **LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3413 VALLEY RANCH DRIVE**      **3413 VALLEY RANCH DRIVE**  
 City & State      City & State

**4. FEI Number** **59-3599993**      **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**  
**OTTERNESS, JOHN**      **Name**  
**3413 VALLEY RANCH RD.**      **Street Address (P.O. Box Number is Not Acceptable)**  
**LUTZ FL 33549**      **3413 VALLEY RANCH DRIVE**  
 City      **FL**      **Zip Code 33548**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OTTERNESS, JOHN</b>		NAME	<b>3413 VALLEY RANCH DRIVE</b>	
STREET ADDRESS	<b>3413 VALLEY RANCH RD.</b>		STREET ADDRESS	<b>LUTZ, FL 33548</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OTTERNESS, DIANA</b>		NAME	<b>3413 VALLEY RANCH DRIVE</b>	
STREET ADDRESS	<b>3413 VALLEY RANCH RD.</b>		STREET ADDRESS	<b>LUTZ, FL 33548</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**      **2.6.02**      **813.963.3666**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)