

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90099 004 ***158.75

DOCUMENT # V24253

1. Entity Name

INSPIRATIONS TO INNOVATIONS, INC.

Principal Place of Business

9357 WHITTINGHAM DR.
ORLANDO FL 32817

Mailing Address

9357 WHITTINGHAM DR.
ORLANDO FL 32789-5324

2. Principal Place of Business

1209 FORMOSA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1209 FORMOSA AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK

City & State

WINTER PARK, FL

4. FEI Number

59-3103436

Applied For

Not Applicable

Zip

FL

Country

32789

Zip

32789

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMANN, DEBBIE
9357 WHITTINGHAM DR.
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

HARTMANN, BRUCE

Street Address (P.O. Box Number is Not Acceptable)

1209 FORMOSA AVENUE

City

WINTER PARK

FL

Zip Code

32789

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] **DIRECTOR**

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, 2000 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

TITLE **D** ☐ Delete
NAME **HARTMANN, BRUCE K**
STREET ADDRESS **9357 WHITTINGHAM DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
NAME **HARTMANN, DEBBIE K**
STREET ADDRESS **9357 WHITTINGHAM DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Change ☐ Add
NAME **HARTMANN, BRUCE K**
STREET ADDRESS **1209 FORMOSA AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

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

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

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED: **BRUCE HARTMANN**

24 Jan 2000 **407-898-2424**
Date Daytime Phone #