

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90102 027 \*\*\*150.00

**DOCUMENT # H65660**  
 1. Entity Name  
**PRODUCT INNOVATION, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>708 HUPA COURT<br/>LAKE MARY FL 32746<br/>US</b> | Mailing Address<br><b>708 HUPA COURT<br/>LAKE MARY FL 32746-2210<br/>US</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |



DO NOT WRITE IN THIS SPACE

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-2563078</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent  
**OMBRES, ALEXANDER J  
 ARNOLD, MATHENY & EAGAN, PA  
 801 N MAGNOLIA AVE., SUITE 201  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

|  |
|--|
| 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 \_\_\_\_\_ 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. (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          | PTD                | <input type="checkbox"/> Delete |
| NAME           | MOSS, JAMES R      |                                 |
| STREET ADDRESS | 708 HUPA COURT     |                                 |
| CITY-ST-ZIP    | LAKE MARY FL 32746 |                                 |
| TITLE          | VSD                | <input type="checkbox"/> Delete |
| NAME           | MOSS, PEGGY        |                                 |
| STREET ADDRESS | 708 HUPA COURT     |                                 |
| CITY-ST-ZIP    | LAKE MARY FL 32746 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES R. MOSS 1/14/00 407-302-2842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #