

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004064

1. Entity Name

INNOVATIVE TECHNOLOGY SYSTEMS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90049 025 ***150.00

Principal Place of Business

131 EGRET DR
JUPITER FL 33458
US

Mailing Address

131 EGRET DRIVE
JUPITER FL 33458-8878
US

2. Principal Place of Business

1025 S. Semoran Blvd.

3. Mailing Address

1025 S. Semoran Blvd.

Suite, Apt. #, etc.

Suite 1093

Suite, Apt. #, etc.

Suite 1093

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

Orange

Zip

32792

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0386286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BYLSMA, JOHN
131 EGRET DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

William K. Price

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

1420 Borg Lane

City

Winter Springs

FL

Zip Code

32708

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, 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	DPS	<input checked="" type="checkbox"/> Delete
NAME	BYLSMA, JOHN	
STREET ADDRESS	131 EGRET DR	
CITY-ST-ZIP	JUPITER FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Stanfield	
STREET ADDRESS	1227 Bay breeze Drive	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Price	
STREET ADDRESS	1420 Borg Lane	
CITY-ST-ZIP	Winter Springs, FL 32708	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)