

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90026 020 ***150.00

DOCUMENT # 668113

1. Entity Name

INNOVATIVE TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

15470 FLIGHT PATH DR
 BROOKSVILLE FL 34609

C/O DELTA AMERICA, INC
 433 SOUTH MAIN ST., #117
 WEST HARTFORD CT 06110-2816
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2009226

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

[Handwritten 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	WILFONG, DENNIS H	
STREET ADDRESS	21034 VIOLET RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CASAGHI, FRANK	
STREET ADDRESS	15470 FLIGHT PATH DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANEICKIE, ROBERT	
STREET ADDRESS	2132 TOMLYN STREET	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WATKINS, DAVID L	
STREET ADDRESS	2132 TOM LYNN STREET	
CITY-ST-ZIP	RICHMOND VA 23234	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ATKINSON, TODD G	
STREET ADDRESS	433 S MAIN STREET #117	
CITY-ST-ZIP	WEST HARTFORD CT 06110	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RUTH, JOHN G JR	
STREET ADDRESS	433 SOUTH MAIN STREET, #117	
CITY-ST-ZIP	WEST HARTFORD CT 06110	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Frank Casagni	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director, Treasurer + Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director, Assn't Treasurer +	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	Elias G. Bouzakis Assn't Sect'y	
STREET ADDRESS	433 South Main St., #117	
CITY-ST-ZIP	West Hartford CT 06110	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Handwritten Signature]* RE Elias G. Bouzakis, Assn't Sect'y 2/1/00 860-561-22
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #