

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90021 043 ***150.00

DOCUMENT # 668113

1. Entity Name
INNOVATIVE TECHNOLOGY, INC.

Principal Place of Business

**15470 FLIGHT PATH DR
 BROOKSVILLE FL 34609**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**c/o Industrial Galvanizers
 2820 Waterford Lake Dr.**

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Midlothian, VA

Zip

Country

Zip

Country

23112

USA

4. FEI Number **59-2009226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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

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, 2001 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 **WILFONG, DENNIS H**
 STREET ADDRESS **21034 VIOLET RD**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **DP** ☐ Delete
 NAME **CASAGNI, FRANK**
 STREET ADDRESS **15470 FLIGHT PATH DRIVE**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE **D** ☒ Delete
 NAME **VANEICKIE, ROBERT**
 STREET ADDRESS **2132 TOMLYN STREET**
 CITY-ST-ZIP **RICHMOND VA 23230**

TITLE **DTS** ☒ Delete
 NAME **WATKINS, DAVID L**
 STREET ADDRESS **2132 TOM LYNN STREET**
 CITY-ST-ZIP **RICHMOND VA 23234**

TITLE **CD** ☐ Delete
 NAME **ATKINSON, TODD G**
 STREET ADDRESS **433 S MAIN STREET #117**
 CITY-ST-ZIP **WEST HARTFORD CT 06110**

TITLE **DTS** ☐ Delete
 NAME **BOUZAKIS, ELIAS G**
 STREET ADDRESS **433 SOUTH MAIN STREET, #117**
 CITY-ST-ZIP **WEST HARTFORD CT 06110**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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:

ELIAS G. BOUZAKIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/01 804-763-1760

CR2E034 (10/00)

0873179