

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90003 006 \*\*\*150.00

DOCUMENT # **668113**

1. Entity Name  
**INNOVATIVE TECHNOLOGY, INC.**

Principal Place of Business <b>15470 FLIGHT PATH DR BROOKSVILLE FL 34609</b>	Mailing Address <b>C/O INDUSTRIAL GALVANIZERS 2820 WATERFORD LAKE DRIVE STE 202 MIDLOTHIAN VA 23112 US</b>
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15470 FLIGHT PATH DR</b>	3. Mailing Address <b>C/O</b> <b>INDUSTRIAL GALVANIZERS</b> <b>2820 WATERFORD LAKE DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 202</b>

City & State <b>BROOKSVILLE</b>	City & State <b>MIDLOTHIAN VA</b>	4. FEI Number <b>59-2009226</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------	------------------------------------	--------------------------------------------------------

Zip <b>FL</b>	Country <b>34609</b>	Zip <b>23112</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
------------------	-------------------------	---------------------	-----------------------	-------------------------------------------------------------------------------------------------

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
State <b>FL</b> Zip Code

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CASAGNI, FRANK 15470 FLIGHT PATH DRIVE BROOKSVILLE FL 34609</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD ATKINSON, TODD G 2820 WATERFORD LAKE DRIVE STE 202 MIDLOTHIAN VA 23112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS BOUZAKIS, ELIAS G 2820 WATERFORD LAKE DRIVE STE 202 MIDLOTHIAN VA 23112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **4/23/2002** **54-763-1760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)