

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90060 004 ***150.00

DOCUMENT # F02000000425

1. Entity Name
INNOVATIVE REAL ESTATE SERVICES, INC.



Principal Place of Business
**20505 U.S. HIGHWAY 19 NORTH #502
CLEARWATER FL 33764**

Mailing Address
**2012 PARKSIDE DRIVE
JANESVILLE WI 53545**



2. Principal Place of Business **2635 SEVILLE BLVD STE 310**
Suite, Apt. #, etc. **SUITE 310**
City & State **CLEARWATER, FL**
Zip **33764** Country **USA**

3. Mailing Address **2635 SEVILLE BLVD**
Suite, Apt. #, etc. **SUITE 310**
City & State **CLEARWATER, FL**
Zip **33764** Country **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **39-1100605** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILD, DARRELL R
20505 U.S. HIGHWAY 19 NORTH #502
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name **WILD, DARRELL R.**
Street Address (P.O. Box Number is Not Acceptable) **2635 SEVILLE BLVD STE 310**
City **CLEARWATER, FL** Zip Code **33764**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CPV** ☒ Delete
NAME **WILD, DARRELL R**
STREET ADDRESS **2012 PARKSIDE DRIVE**
CITY-ST-ZIP **JANESVILLE WI 53545**

TITLE **CST** ☐ Delete
NAME **WILD, LUANN M**
STREET ADDRESS **2012 PARKSIDE DRIVE**
CITY-ST-ZIP **JANESVILLE WI 53545**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPV** ☒ Change ☐ Addition
NAME **WILD, DARRELL R**
STREET ADDRESS **2635 SEVILLE BLVD STE 310**
CITY-ST-ZIP **CLEARWATER, FL 33764**

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)