

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90065 024 ***550.00

0147406 AB

DOCUMENT # F02000001097

1. Entity Name
SIX SIGMA INNOVATION, INC.



Principal Place of Business

~~1201 WATERCLIFF DRIVE~~
~~BLOOMFIELD HILLS MI 48302~~

Mailing Address

~~1201 WATERCLIFF DRIVE~~
~~BLOOMFIELD HILLS MI 48302~~

2. Principal Place of Business

1317 PERNO D WAY

Suite, Apt. #, etc.

3. Mailing Address

1317 PERNO D WAY

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

38-3579073

Applied For

Not Applicable

Zip
32825

Country
USA

Zip
32825

Country
USA

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PTCD** ☐ Delete
NAME **PATRISHKOFF, DAVID J**
STREET ADDRESS ~~1201 WATERCLIFF DRIVE~~
CITY-ST-ZIP ~~BLOOMFIELD HILLS MI 48302~~

TITLE **VD** ☒ Delete
NAME **GHANEM, GEORGE**
STREET ADDRESS **3464 KOSSUTH**
CITY-ST-ZIP **LAKE ORION MI 48359**

TITLE **SD** ☐ Delete
NAME **WOYDICK, MARK**
STREET ADDRESS **4418 PEPPERMILL LANE**
CITY-ST-ZIP **ORION TOWNSHIP MI 48359**

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 ☒ Change ☐ Addition
NAME **1317 PERNO D WAY**
STREET ADDRESS **ORLANDO FLORIDA**
CITY-ST-ZIP **32825**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Date

407 375 6831

Daytime Phone #

CR2E034 (4/03)