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

05-09-2002 90037 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006187

1. Entity Name

P.D.C. Innovative Industries, Inc.

DO NOT WRITE IN THIS SPACE

851333

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3701 NW 126 Avenue		3701 NW 126 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Corporate Park Bay 5		Corporate Park Bay 5	
City & State		City & State	
Coral Springs, FL		Coral Springs, FL	
Zip	Country	Zip	Country
33065	USA	33065	USA

4. FEI Number 650789306 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Sandra Sowers

Street Address (P.O. Box Number is Not Acceptable): 3701 NW 126 Avenue, Corporate Park Bay 5

City: Coral Springs FL Zip Code: 33065

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: _____

(Typed or printed name of the current registered agent of the corporation) (NOTE: Registered Agent signature required on amendment) Date

9. The corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See or refer on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	CPST Sandra D. Sowers 3701 NW 126 Avenue, Corp. Park Bay 5 Coral Springs, FL 33065
	Chief Executive Officer Michael Hiler 3701 NW 126 Avenue, Corp. Park Bay 5 Coral Springs, FL 33065

DO NOT WRITE IN THIS SPACE

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 to the best of my knowledge and belief, 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 on an attachment with all other like empowered.

SIGNATURE: Michael C. Hiler Michael Hiler, CEO 4/30/02 954-341-009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

(UBR21 UBSCRIP)