

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90773 002 ***150.00

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1. Entity Name
P.D.C. INNOVATIVE INDUSTRIES, INC.



Principal Place of Business
3701 N.W. 126 AVE.
CORPORATE PARK BAY 5
CORAL SPRINGS FL 33065

Mailing Address
3701 N.W. 126 AVE.
CORPORATE PARK BAY 5
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

4411 N.W. 105 Terr
Suite, Apt. #, etc.

4411 N.W. 105 Terr
Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33065

USA

33065

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOWERS, SANDRA
3701 N.W. 126 AVE.
CORPORATE PARK BAY 5
CORAL SPRINGS FL 33065

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPST ☐ Delete
NAME SOWERS, SANDRA D
STREET ADDRESS 3701 NW 126 AVE CORP PARK BAY 5
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE CEO ☐ Change ☒ Addition
NAME michael Niler
STREET ADDRESS 4411 N.W. 105 Terr.
CITY-ST-ZIP Coral Spgs, FL 33065

TITLE VCVP ☒ Delete
NAME SOWERS, VERNON LEROY
STREET ADDRESS 3701 NW 126 AVE CORP PARK BAY 5
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE D ☒ Delete
NAME SOWERS, DAVID A
STREET ADDRESS 3701 N.W. 126 AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

3-4-03

Date

954-341-0092

Daytime Phone #

CR2E034 (10/02)