

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90022 041 ***150.00

DOCUMENT # F99000002444

1. Entity Name

INNOVATIVE SOLUTIONS OF PONTE VEDRA, INC.

Principal Place of Business

100 PADDOCK PLACE
PONTE VEDRA BEACH FL 32082

Mailing Address

100 PADDOCK PLACE
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

2720 Harbor Ct

3. Mailing Address

2720 Harbor Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

Zip

32084

Country

4. FEI Number 06-1535457

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DEAL, BLAKE F III
50 NORTH A1A, STE 103
PONTE VEDRA BEACH FL 32082

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE DVS ☐ Delete
 NAME FEATHERSTON, JOHN
 STREET ADDRESS 100 PADDOCK PLACE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE PD ☐ Delete
 NAME SHERRY, JAMES F.
 STREET ADDRESS 100 PADDOCK PLACE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ST ☐ Delete
 NAME FEATHERSTON, PETER
 STREET ADDRESS 100 PADDOCK PLACE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☒ Change ☐ Addition
 NAME Featherston, John
 STREET ADDRESS 2720 Harbor Ct.
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE PD ☒ Change ☐ Addition
 NAME Sherry, James F.
 STREET ADDRESS 2720 Harbor Ct.
 CITY-ST-ZIP St. Augustine, FL 32084

TITLE ST ☒ Change ☐ Addition
 NAME Featherston, Peter
 STREET ADDRESS 2720 Harbor Ct.
 CITY-ST-ZIP St. Augustine, FL 32084

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 703-627-8890

CR2E034 (9/01)