## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## H74029 **DOCUMENT#**

1. Entity Name

INNOVATIVE COMPANIES, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90053 010 \*\*\*150.00

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Principal Pla 6950 BRYAN LARGO FL 3 US	·	695	Mailing Address 6950 BRYAN DAIRY RD. LARGO FL 33777 US								
2. Principal	Place of Business	3. Ma	3. Mailing Address								
Suite, Apt	. #, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	Cit	City & State				4. FEI Number 59-2600232 Applied For				
Zip	Zip Country		ip Country		5. Certifi	cate of Status Desired		8.75 Ad			
	6. Name and Address of Cu	rrent Register	ed Agent	<u> </u>		7. Name	and Address of New Re		ee Require	<u>∌d</u>	
SEKHAR	AM, KOTHA S		Name								
6950 BR	yan dairy Rd.		Street Address			(P.O. Box Number is Not Acceptable)					
LARGO F	·L 33/77				City				Zip Coo		
0 Th			purpose of changing its registered office or registr					FL	l ' ' ' '	-	
the obligation	tions of registered agent.				d Agent signature required				ar witi),	and accept	
F Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00		TE. Hagisteret	v Aguir Signalure requied		Election Campaign Finar Trust Fund Contribution.		<b>\$5.0</b> Added	0 May Be	
10.		AND DIRECTO	)RS	11.		ADDITIO	NS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEKHARAM, KOTHA S 6950 BRYAN DAIRY RD. LARGO FL 33777								] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO MIHIR, TANEJA 6950 BRYAN DAIRY RD. LARGO FL 33777		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB TANEJA, JUGAL K 6950 BRYAN DAIRY RD. LARGO FL 33777	~	☐ Delete		T ADDRESS ST-ZIP	and the second	e entre e entr		] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DORE-FALCONE, CAROL 6950 BRYAN DAIRY ROAD LARGO FL 33777		☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS	_			] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, Delete	CITY-S		<u></u>			Change	Addition	
<ol> <li>I hereby control indicated of the corp changed,</li> </ol>	ertify that the information supplied on this report or supplemental rep poration or the receiver of trustee of or on an attachment with an addre	with this filing ort is true and a empowered to e ess, with all othe	does not qualify for accurate and that re execute this report er like empowered.	r the exem ny signatu as require	ption stated in Sec re shall have the sa d by Chapter 607,	tion 119.07( me legal ef Florida Stati	(3)(i), Florida Statutes. I fur fect as if made under oath utes; and that my name ap	rther certify that I am a pears in Blo	that the in an officer o ock 10 or	formation or director Block 11 if	

SIGNATURE:

¥KE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR