

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90213 032 ***150.00

DOCUMENT # H97808

1. Entity Name
INNOVATIVE SOFTWARE DEVELOPMENT, INC.

Principal Place of Business P O BOX 160458 ALTAMONTE SPRINGS FL 32716-7458	Mailing Address P O BOX 160458 ALTAMONTE SPRINGS FL 32716-7458
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2. Principal Place of Business 452 PICKFAIR TERRACE Suite, Apt. #, etc.	3. Mailing Address P.O. Box 950992 Suite, Apt. #, etc.
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City & State LAKE MARY, FL.	City & State LAKE MARY, FL.	4. FEI Number 59-2625565	Applied For <input type="checkbox"/> Not Applicable
Zip 32746	Country USA	Zip 32795	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SCHWEEN, PETER
 405 SPRING VALLEY LN.
 ALTAMONTE SPGS. FL 32714**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 452 PICKFAIR TERRACE
City LAKE MARY
State FL
Zip Code 32746

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: *Peter Schween* **PETER SCHWEEN** *President*
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEEN, MARY ELLEN 405 SPRING VALLEY LN. ALTAMONTE SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWEEN, PETER 405 SPRING VALLEY LN. ALTAMONTE SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	452 PICKFAIR TERRACE LAKE MARY, FL. 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	452 PICKFAIR TERRACE LAKE MARY, FL. 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter Schween* **PETER SCHWEEN** *1-15-01* *(407) 302-4310*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)