

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K64756**

1. Entity Name

**INNOVATIVE SCIENTIFIC CONCEPTS, INC.****FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90234 046 \*\*\*150.00

Principal Place of Business

**1835 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

Mailing Address

**1835 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0161299**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES D. WELLINGTON  
1835 EAST MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 filer if applicable

(NOTE: Registered Agent signature required when re-stating)

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	P	<input type="checkbox"/> Delete
NAME	<b>WELLINGTON, JAMES D.</b>	
STREET ADDRESS	<b>5436 BAYTOWNE COURT</b>	
CITY-STATE-ZIP	<b>OVIEDO FL 32765</b>	

TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>VANDAMIA, ANDREW I.</b>	
STREET ADDRESS	<b>1551 STAFFORD AVE.</b>	
CITY-STATE-ZIP	<b>MERRITT ISLAND FL 32952</b>	

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>VANDAMIA, DONALD N</b>	
STREET ADDRESS	<b>1240 ST. ANN DRIVE</b>	
CITY-STATE-ZIP	<b>ERIE PA 16407</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4279 TURTLE CREEK RD.</b>	
STREET ADDRESS	<b>MELBOURNE FL 32934</b>	
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1560 CLOVER CIR.</b>	
STREET ADDRESS	<b>MELBOURNE, FL 32935</b>	
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

**ANDREW J. Vandamia**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-21-01**

Date

**(321) 452-0066**

Daytime Phone #

CR2E034 (10/00)