

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90505 045 \*\*\*\*50.00

**DOCUMENT # L01000012520**

1. Entity Name

**INNOVATIVE COOKWARE LLC**

Principal Place of Business

4005 CASEY KEY RD.  
 NOKOMIS FL 34275

Mailing Address

4005 CASEY KEY RD.  
 NOKOMIS FL 34275

2. Principal Place of Business

4005 Casey Key Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nokomis FL

City & State

FL

Zip

34275

Country

Zip

Country

4. FEI Number

59-3741886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

VOLLMER, HELENE  
 4005 CASEY KEY RD.  
 NOKOMIS FL 34275

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME MGR  
 Helene Vollmer  
 STREET ADDRESS 4005 Casey Key Rd  
 CITY-ST-ZIP Nokomis FL 34275

TITLE ☐ Delete

NAME MGR  
 Lillian Aviles  
 STREET ADDRESS 3350 S Osprey Ave  
 CITY-ST-ZIP Sarasota FL 34239

TITLE ☐ Delete

NAME Suzanne Dameron MGR  
 STREET ADDRESS 1120 S. Shady  
 CITY-ST-ZIP Sarasota FL 34237

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: [Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/28/02

Date

941-966-3832

Daytime Phone #

CR2E083 (9/01)