

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90180 042 \*\*\*\*\*50.00

DOCUMENT # L02000022050

1. Entity Name

INNOVATIVE PROCESS SOLUTIONS, LLC



Principal Place of Business

513 PRAIRIE LAKE DR.  
FERN PARK FL 32730

Mailing Address

513 PRAIRIE LAKE DR.  
FERN PARK FL 32730

2. Principal Place of Business

790 BIRCH TREE DR.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

LONFWOOD, FL

City & State

USA

Zip

32750

Country

SEMINOLE

Zip

USA

Country

USA

4. FEI Number

27-0028859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FYLER, CALVIN ROBERT JR.  
511 LAKE CHARM CT.  
OVIDO FL 32765

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: PARTNER  
NAME: MARK BENNETT  
STREET ADDRESS: 513 PRAIRIE LAKE DR.  
CITY-ST-ZIP: FERN PARK, FL 32730

☐ Delete

TITLE: PARTNER  
NAME: CALVIN ROBERT FYLER JR.  
STREET ADDRESS: 511 LAKE CHARM CT  
CITY-ST-ZIP: OVIDO, FL 32765

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TITLE:   
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10. ADDITIONS/CHANGES

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
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CITY-ST-ZIP:

☐ Change ☐ Addition

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: CALVIN ROBERT FYLER 3/25/03 321-203-0324

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

Date

Daytime Phone #

CR2E083 (10/02)