

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90284 023 ***158.75

DOCUMENT # L08407

1. Entity Name
INNOVATIVE OFFICE SYSTEMS, INC.

Principal Place of Business

205-C KELSEY LANE
TAMPA FL 33619
US

Mailing Address

205-C KELSEY LANE
TAMPA FL 33619
US

2. Principal Place of Business

5300 Adama Drive
 Suite, Apt. #, etc.
Suite E

City & State
Tampa, FL

Zip
33619

Country
USA

3. Mailing Address

5300 Adama Drive
 Suite, Apt. #, etc.
Suite E

City & State
Tampa, FL

Zip
33619

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3009834

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, PETER H
400 S DIXIE HWY
SUITE 420
BOCA RATON FL 33432

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

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, 2002 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 ☐ Delete
BROOKS, GARY D
560 ELLSBERRY RD
APOLLO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
BROOKS, JULIE A.
560 ELLSBERRY RD
APOLLO BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Julie A. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (813) 621 0611

CR2E034 (9/01)