

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90202 044 ****50.00

DOCUMENT # L97000000045

1. Entity Name

INNOVATIONS L.C.

Principal Place of Business

**600 CLEVELAND ST
 SUITE 960
 CLEARWATER FL 33755**

Mailing Address

**600 CLEVELAND ST
 SUITE 960
 CLEARWATER FL 33755**

2. Principal Place of Business

**140 ISLAND WAY
 SUITE, Apt. #, etc. #230**

3. Mailing Address

**140 ISLAND WAY
 SUITE, Apt. #, etc. #230**

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767 - USA

Zip

33767 - USA

Country

USA

4. FEI Number

59-3419403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WINTERS, ELISE K
 600 CLEVELAND ST
 SUITE 960
 CLEARWATER FL 34655**

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 **MGRM** ☐ Delete
 NAME **DEAN, DENNIS E**
 STREET ADDRESS **600 CLEVELAND ST SUITE 960**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **MGRM** ☐ Delete
 NAME **HOFFMAN, TERESA**
 STREET ADDRESS **600 CLEVELAND ST SUITE 960**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **MGRM** ☒ Change ☐ Addition
 NAME **DENNIS DEAN**
 STREET ADDRESS **140 ISLAND WAY SUITE 230**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **TERESA HOFFMAN**
 STREET ADDRESS **140 ISLAND WAY SUITE 230**
 CITY-ST-ZIP **CLEARWATER, FL 33767**

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

CR2E083 (9/01)

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

1/21/02 727-441-3131

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

Date

Daytime Phone #