

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002228

1. Entity Name
INNOVATIVE FAX SOLUTIONS, L.L.C.

Principal Place of Business

904 DORIA WAY
MELBOURNE FL 32940

Mailing Address

904 DORIA WAY
MELBOURNE FL 32940-6930

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PMB 213 6300 N Wickham Road

#130

Melbourne, FL

32940-2028

USA

4. FEI Number

59-3529620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DUMSTORF, GEORGE W
904 DORIA WAY
MELBOURNE FL 32940

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
BURNS, DOUGLAS S
STREET ADDRESS 1561 BRONCO DR.
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Delete
MGRM
BURNS, IMOGENE S
STREET ADDRESS 1561 BRONCO DR
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Delete
MGRM
DUMSTORF, GEORGE W
STREET ADDRESS 904 DORIA WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Delete
MGRM
DUMSTORF, STEPHANIE S
STREET ADDRESS 904 DORIA WAY
CITY-ST-ZIP MELBOURNE FL 32940

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/29/00

Date

(321) 242-6777

Daytime Phone #

CR2E083 (9/99)