

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006464

1. Entity Name

SOURCE INNOVA CONCEPTS INTERNATIONAL, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90423 035 ****70.00

Principal Place of Business

Mailing Address

904-A SW 62ND TERRACE
GAINESVILLE FL 32607

904-A SW 62ND TERRACE
GAINESVILLE FL 32607-3679

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617902

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILMORE, KENNETH DR.
812 SE 10TH TERRACE
GAINESVILLE FL 32641

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SILAS, NANCY S
STREET ADDRESS 904-A SW 62ND TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ Change ☒ Addition
NAME James Lee
STREET ADDRESS 13307 NE 39th Terr
CITY-ST-ZIP Gainesville, FL 32609

TITLE D ☐ Delete
NAME MCDONALD, JEANNIE B
STREET ADDRESS 6817 NW 69TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32602

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

TITLE D ☐ Delete
NAME HOLLINGWORTH, T H
STREET ADDRESS 2529 NW 67TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☒ Change ☐ Addition
NAME Sylvia Flowers
STREET ADDRESS PO BOX 141082
CITY-ST-ZIP Gainesville, FL 32614-1082

TITLE D ☐ Delete
NAME GILMORE, KENNETH DR.
STREET ADDRESS 812 SE 10TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32641

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

TITLE D ☐ Delete
NAME LONG, DOROTHY
STREET ADDRESS 1124 SE 19TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32641

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

TITLE D ☐ Delete
NAME COVERT, PAMELA
STREET ADDRESS 3212 SW 25TH DRIVE #5
CITY-ST-ZIP GAINESVILLE FL 32608

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY S. SILAS 4/18/2000

Date 4/18/2000 Telephone # 813-351-8135

CR2E037 (9/99)