

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90096 002 ****70.00

DOCUMENT # N99000006464

1. Entity Name

SOURCE INNOVA CONCEPTS INTERNATIONAL, INC.

Principal Place of Business

904-A SW 62ND TERRACE
 GAINESVILLE FL 32607

Mailing Address

904-A SW 62ND TERRACE
 GAINESVILLE FL 32607

2. Principal Place of Business

Same as Above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3617902

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$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

Kenneth Gilmore (as)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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

TITLE ☐ Change ☒ Addition
 NAME James Lee
 STREET ADDRESS 13307 NE 34th Terr
 CITY-ST-ZIP Gainesville, FL 32609

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

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

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

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

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

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

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

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

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

Nancy Silas

4-29-01

352-332-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)