

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

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

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

Kenneth Gilmore (AS)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/02

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

|                |   |      |                       |                                 |
|----------------|---|------|-----------------------|---------------------------------|
| TITLE          | D | NAME | SILAS, NANCY S        | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 904-A SW 62ND TERRACE |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32607  |                                 |
| TITLE          | D | NAME | MCDONALD, JEANNIE B   | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 6817 NW 69TH AVENUE   |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32602  |                                 |
| TITLE          | D | NAME | HOLLINGWORTH, T H     | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 2529 NW 67TH TERRACE  |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32641  |                                 |
| TITLE          | D | NAME | GILMORE, KENNETH DR.  | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 812 SE 10TH TERRACE   |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32641  |                                 |
| TITLE          | D | NAME | LONG, DOROTHY         | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 1124 SE 19TH TERRACE  |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32641  |                                 |
| TITLE          | D | NAME | COVERT, PAMELA        | <input type="checkbox"/> Delete |
| STREET ADDRESS |   |      | 3212 SW 25TH DRIVE #5 |                                 |
| CITY-ST-ZIP    |   |      | GAINESVILLE FL 32608  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |      |                       |  |
|----------------|--|------|-----------------------|--|
| TITLE          |  | NAME | James Lee             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS |  |      | 13307 NE 34th Terrace |  |
| CITY-ST-ZIP    |  |      | Gainesville, FL 32609 |  |
| TITLE          |  | NAME |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |      |                       |  |
| CITY-ST-ZIP    |  |      |                       |  |
| TITLE          |  | NAME |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |      |                       |  |
| CITY-ST-ZIP    |  |      |                       |  |
| TITLE          |  | NAME |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |      |                       |  |
| CITY-ST-ZIP    |  |      |                       |  |
| TITLE          |  | NAME |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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

4/28/02 352-332-8041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)