2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91805 039 ****70.00

DOCUMENT # N99000006464

1. Entity Name
SOURCE INNOVA CONCEPTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
904-A SW 62ND TERRACE GAINESVILLE, FL 32607	904-A SW 62ND TERRACE GAINESVILLE, FL 32607

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2114 NW 55th Blvd. #23	Suite, Apt. #, etc. 2114 NW 55th Blvd. #23
City & State Gainesville, FL. 32653	City & State Gainesville, FL.
Zip 32653 Country Alachua	Zip 32653 Country Alachua

☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name Nancy S. Silas
Street Address (P.O. Box Number is Not Acceptable)
2114 NW 55th Blvd. #23
City Gainesville FL Zip Code 32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Nancy S. Silas 4/30/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILAS, NANCY S 904-A SW 62ND TERRACE GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia Davis 3018 NE 10th St Gainesville, FL 32601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, JEANNIE B 6817 NW 69TH AVENUE GAINESVILLE, FL 32602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLINGWORTH, T H 2529 NW 67TH TERRACE GAINESVILLE, FL 32641	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMORE, KENNETH DR. 912 SE 10TH TERRACE GAINESVILLE, FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, DOROTHY 1124 SE 19TH TERRACE GAINESVILLE, FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVERT, PAMELA 3212 SW 25TH DRIVE #6 GAINESVILLE, FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 S. Silas 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #