

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007491

1. Entity Name

INNOVATIVE HUMAN SERVICES INC.

(R)

Principal Place of Business

316 WEST CENTRAL AVE., STE. 503
WINTER HAVEN FL 33880

Mailing Address

316 WEST CENTRAL AVE., STE. 503
WINTER HAVEN FL 33880

2. Principal Place of Business

637 Ave A NW Suite B
Winter Haven, FL 33880

3. Mailing Address

637 Ave A NW Suite B
Winter Haven, FL 33880

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33881

Country

USA

Zip

33881

Country

USA

4. FEI Number

59-3609593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WISE, KIMBERLY A
3166 VALLEY HIGH DR.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name Kimberly A. Wise

Street Address (P.O. Box Number is Not Acceptable)

240 Volusia Dr. S.E.

City

Winter Haven

FL

Zip Code

33884

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

Kimberly A. Wise

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

(NOTE: Registered Agent signature required when reinstating)

6-6-00

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

TITLE D CEO
NAME Edward T. Samaro
STREET ADDRESS 5974 SR 542 W. APT 2
CITY-ST-ZIP Winter Haven, FL 33880

TITLE D Chief Financial Officer
NAME Kimberly Wise
STREET ADDRESS 240 Volusia Dr SE
CITY-ST-ZIP Winter Haven, FL 33884

TITLE COMMUNITY LIAISON
NAME Kaci Bradley
STREET ADDRESS 637 Ave A NW Suite B
CITY-ST-ZIP Winter Haven, FL 33881

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

KIMBERLY A. WISE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-00

Date

Daytime Phone #

FILED
Jul 21, 2000 8:00 am
Secretary of State

06-20-2000 90014 025 ****61.25



DO NOT WRITE IN THIS SPACE

C-25037 (1/99)

Doc # N99000007491

308670

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

July 13, 2000

Annual Reports Section,

This is in direct response to the letter we received pertaining to missing information.

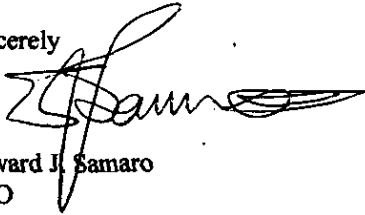
1. EIN #59-3609573

2. Third Corporate officer:

Lt. Kurt T. Bradley
Lake Alfred Police Department
Lake Alfred, FL
Position: Community Liaison (Law Enforcement)

Please let me know if there is more information I may provide.

Sincerely



Edward J. Samaro
CEO