

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90053 007 ***150.00

DOCUMENT # P00000013821

1. Entity Name

Innovative IT Solutions, Inc.



00112044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6664 Hatteras Drive

3. Mailing Address
6664 Hatteras Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number 65-0974407

Applied For
Not Applicable

Zip
33467

Country

Zip
33467

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Richard K. Meder

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

6664 Hatteras Drive

City Lake Worth

FL

Zip Code
33467

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

President

Apr. 30, 2003

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P/T/S/D
Meder, Richard K.
STREET ADDRESS
6664 Hatteras Drive
CITY-ST-ZIP
Lake Worth, FL 33467

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard K. Meder

President 4/30/03

Date

561-968-3331

Daytime Phone #

CR2E034B (12/02)