

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91112 038 ***158.75

DOCUMENT # P00000018386

1. Entity Name

INNOVATIVE DESIGN MANUFACTURING, INC.

Principal Place of Business

**398 VICTORIA AVE
PORT ST JOE FL 32456**

Mailing Address

**398 VICTORIA AVE
PORT ST JOE FL 32456**

2. Principal Place of Business

398 Victoria Ave

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 373

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip

32456

Country

GULF

Zip

32457

Country

GULF

4. FEI Number

59-3633030

☒ 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

REINHOLTZ, RICHARD E

398 VICTORIA AVE

PORT ST JOE FL 32456

Name

Reinholtz, Richard E.

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

398 Victoria Avenue

City

Port St. Joe

FL

Zip Code

32456

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

[Signature]

Richard E. Reinholtz

4/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **REINHOLTZ, RICHARD E**
STREET ADDRESS **398 VICTORIA AVE**
CITY-ST-ZIP **PORT ST JOE FL 32456**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27-01 855-227-1857

CR2E034 (10/00)