

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035440

1. Entity Name

INNERNATURAL SYSTEMS, INC.

Principal Place of Business

5620 S E WINDSONG LANE. #425
STUART FL 34997

Mailing Address

5620 S E WINDSONG LANE. #425
STUART FL 34997

2. Principal Place of Business

1600 SE. ST. LUCIE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FLORIDA

City & State

4. FEI Number

65-1001439

Applied For

Not Applicable

Zip

34996

Country

USA

Zip

Country

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

VADAY, KIM KOHO

5620 S E WINDSONG LANE, #425
STUART FL 34997

Name

GREG VADAY

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

1600 SE ST. LUCIE BLVD. #210

City

STUART

FL

Zip Code

34996

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

SECRETARY-TREASURER

4/28/01

(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 PD ☐ Delete
NAME VADAY, KIM KOHO
STREET ADDRESS 5620 S E WINDSONG LANE, #425
CITY-ST-ZIP STUART FL 34997

TITLE STD ☐ Delete
NAME VADAY, GREGORY P
STREET ADDRESS 5620 S E WINDSONG LANE, #425
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01 561-221-4060

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90048 016 ***150.00

001535



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)