

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91160 025 ***150.00

DOCUMENT # **P00000038278**
 1. Entity Name
Innovative Hardware, Inc.

Principal Place of Business Mailing Address
4455 Baymeadows Rd. 4455 Baymeadows Rd.
Jacksonville, FL 32217 Jacksonville, FL 32217

2. Principal Place of Business 3. Mailing Address
297 Ivy Lakes Dr. 297 Ivy Lakes Dr.
 Suite, Apt. # etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL Jacksonville, FL
 Zip Country Zip Country
32217 32217

4. FEL Number Applied For
59-3642723 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Kenneth R. Walters
19 So. 6th St.
Amelia Island, FL 32034

7. Name and Address of New Registered Agent
 Name **Jared Nielsen**
 Street Address (P.O. Box Number is Not Acceptable)
297 Ivy Lakes Dr.
 City **Jacksonville** **FL** Zip Code **32217**

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 **Jared Nielsen** **Jared Nielsen** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Jared Nielsen 830-13 A1A North, Suite 101 Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Kenneth R. Walters 19 So. 6th St. Amelia Island, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete Raymond M. Chauncey Manucy Road Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jared Nielsen 297 Ivy Lakes Dr Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: **Jared Nielsen** **Jared Nielsen** **President** DATE **4/30/01** DAYTIME PHONE # **904-262-7034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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DO NOT WRITE IN THIS SPACE