

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 4455 Baymeadows Rd.
 Jacksonville, FL 32217
Mailing Address 4455 Baymeadows Rd.
 Jacksonville, FL 32217

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

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

6. Name and Address of Current Registered Agent

Kenneth R. Walters
 19 So. 6th St.
 Amelia Island, FL 32034

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

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

Jared Nielsen
 4/30/01
 (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!!!
After MAY 1, 2001
Make Check Payable to Department of State
FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jared Nielsen	
STREET ADDRESS	297 Ivy Lakes Dr	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jared Nielsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jared Nielsen
 President 4/30/01 904-262-7034
 Date Daytime Phone #

CR2E034 (11/00)