

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 90000052492
 1. Entity Name
 INNOVATIVE INTERNET TECHNOLOGIES, INC. *NIC 4/5/01*

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90034 030 ***150.00

A0049721

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1450 Tallevast Road Sarasota, FL 34243		Mailing Address 1450 Tallevast Road Sarasota, FL 34243	
2. Principal Place of Business 1450 Tallevast Road Suite, Apt. #, etc.		3. Mailing Address 1450 Tallevast Road Suite, Apt. #, etc.	
City & State Sarasota, FL 34243		City & State Sarasota, FL 34243	
Zip 34243	Country USA	Zip 34243	Country USA
4. FEI Number 65-1053789		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Nelson, Jeffrey B. 2569 Bramblewood Dr. East Clearwater, FL 33763		7. Name and Address of New Registered Agent Name Nelson, Jeffrey B. Street Address (P.O. Box Number is Not Acceptable) 1450 Tallevast Road City Sarasota FL Zip Code 34243	
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 <u>Jeffrey B. Nelson, President</u> <i>[Signature]</i> 3/26/01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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: <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Nelson, Jeffrey B. 5552 Bentgrass Drive, #105 Sarasota, FL 34235 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		Jeffrey B. Nelson 3/26/01 941-355-9600	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (11/00)