5/28/2002-91645-008-$150.00-$150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091251

1. Entity Name
INNOVATIVE SOLUTIONS & ASSOCIATES, INC.

FILED
02 SEP -4 AM 7:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7027 W BROWARD BLVD STE 270 PLANTATION FL 33317	7027 W BROWARD BLVD STE 270 PLANTATION FL 33317

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1049863 — 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
WOODEN, JACQUELYN L ES 99 NW 183 STREET SUITE 234 MIAMI FL 33169	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (NOTE: Registered Agent signature required when resigning) 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, 2002 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 P NAME THOMPSON, G. WAYNE STREET ADDRESS 7027 W BROWARD BLVD STE 270 CITY-ST-ZIP PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: G. Wayne Thompson G. WAYNE THOMPSON 9/1/02 954-791-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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INNOVATTIVE SOLUTIONS & ASSOCIATES, INC.
7027 WEST BROWARD BOULEVARD
SUITE 270
PLANTATION, FL 33337
TEL: (954) 401-5266
FAX: (954) 79-1192

9/2/02

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: **Innovative Solutions & Associates, Inc.**
Federal Employer Identification Number
65-1049863
Document # P00000091251

Dear Sir or Madam:

Pursuant to your request I am attaching a copy my letter dated 6/11/02 which was mailed to your office to update my records. Apparently you did not receive this information. I am requesting for my records to updated and any additional cost to be waive.

Please contact me if you should have any questions.

Cordially,

Gary W. Thompson
President