

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

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091251

1. Entity Name

INNOVATIVE SOLUTIONS & ASSOCIATES, INC.

Principal Place of Business

7027 W BROWARD BLVD STE 270
PLANTATION FL 33317

Mailing Address

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

4. FEI Number

65-1049863

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODEN, JACQUELYN L ES
98 NW 183 STREET SUITE 234
MIAMI FL 33189

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 raising fees)

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 \$580.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete
P	THOMPSON, G. WAYNE	7027 W BROWARD BLVD STE 270	PLANTATION FL 33317	
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

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

CR2E034 (9/01)

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 #

2012

P00000091251

INNOVATIVE 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

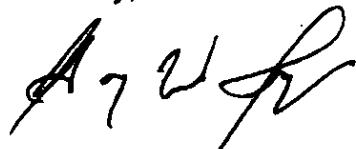
RE: Innovative Solutions & Associates, Inc.
Federal Employer Identification Number
65-1049863
Document # P00000091251

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