## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P00000111881 **DOCUMENT #**

1. Entity Name

SIGNATURE:

INNOVATIVE TELECOM OF AMERICA, INC.



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90105 031 \*\*\*150.00

## SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100 SARASOTA FL 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.    Signature, fixed or printed gurns of registered agent and title if applicable.	S Applied For Not Applicable additional red
2. Principal Place of Busingss 900 Orch. Spr. ags Dr. io Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State W. After May 1. Spr. ags Dr. io Suite, Apt. #, etc.  City & State W. After May 1; 2003-Fee will be \$55.00 Make Check Payable to Florida Department of State  1. Applications of Progress and Diffectors  Make 1. City & State W. After May 1; 2003-Fee will be \$55.00 Make Check Payable to Florida Department of State  1. Additional Spr. ags Dr. io Suite, Apt. #, etc.  City & State W. After May 1; 2003-Fee will be \$55.00 Make Check Payable to Florida Department of State  1. Additional Spr. agent	S Applied For Not Applicable additional red
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  City & State  W. n. f. p. n. d.  Country  J. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100  SARASOTA FI. 34236  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 Fiorida. I am familiar with the obligations giregistered agent  Signature:  Si	S Applied For Not Applicable additional red
City & State Winter Horizon Florida City & State Winter Horizon Florida City & State Winter Horizon Florida Country Signature Winter Horizon Florida Country Signature Florida Country Signature Country Signature Florida Country Signature Florida Country Signature Florida Country Signature Florida Signature Florida Signature Florida Signature Florida Signature Florida Flori	Applied For Not Applicable additional red
## SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100 SARASOTA FL 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent to the obligations of registered agent to the obligations of registered agent and the F sphilable.  FILE NOW!!! FEE IS \$150.00  After May 17, 2003-Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. AMAE  1527 W CARMEN ST  TAMPA FL 33606  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. Change  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. TAMPA FL 33606  16. TAMPA FL 33606  17. Name and Address of New Registered Agent Agent Address of New Re	Not Applicable additional red
SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100 SARASOTA FL 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  Signature [see Agent signature required when reinstalling)  After May 1; 2003 -Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. TAMPA FL 33606  16. Change  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. Election Campaign Financing  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. Election Campaign Financing  19. Election Campaign Financing  19. Election Campaign Financing  19. Election Campaign Financing  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	red SSF
SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100 SARASOTA FL 34236  3. 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. I am familiar with the obligations of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003-Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ANAME  1527 W CARMEN ST  TAMPA FL 33606  11. Change  15. Clange  16. Clange  17. ANAME  18. SOWARDS, STEPHEN  18. Change  19. Election Campaign Financing  19. Election Campaign Financing  10. Change  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. Change  13. Campaign  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. Change  16. Change  17. Change  18. Change  18	
SPANGLER, STEPHEN D  1605 MAIN ST, STE 1100  SARASOTA FL 34236  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. I am familiar with the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003-Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  TITLE  P  Delete  TITLE  Delete	
1605 MAIN ST, STE 1100  SARASOTA FL 34236  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. I am familiar wit the obligations of registered agent and bits if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33806  TITLE  P  OBERET ADDRESS  CITY-ST-ZIP  TAMPA FL 33806  TITLE  P  OBERET ADDRESS  CITY-ST-ZIP  Change  NAME  SOWARDS, STEPHEN	
SARASOTA FL 34236  S. 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. I am familiar with the obligations of registered agent.  SIGNATURE Signature (pod or printed name of registered agent and title If applicable)  FILE NOW!!! FEE IS \$150.00  After May 1; 2003-Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  13. Change	
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. I am familiar with the obligations of registered agent.  SIGNATURE Signature, ped or printed parine of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  TITLE  P Delete  TITLE  P Delete  TITLE  P Delete  TITLE  NAME  SOWARDS, STEPHEN	
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. I am familiar with the obligations of project agent.  SIGNATURE  Signature (poed or printed same of registered agent and title if applicable)  FILE NOW!!! FEE IS \$150.00  After May 1; 2003-Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  P  OBJECT  Delete  TITLE  P  OBJECT  Delete  TITLE  P  OBJECT  Change  NAME  NAME  SOWARDS, STEPHEN	
signature, ped or printed parae of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TITLE  P  Delete  NAME  SOWARDS, STEPHEN  SIGNATURE  Signature, ped or printed parae of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  P  Belection Campaign Financing Trust Fund Contribution.  S  \$5.  Trust Fund Contribution.  Add  Trust Fund Contribution.  Add  Trust Fund Contribution.  Change  CHANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TITLE  P  Delete  TITLE  NAME  SOWARDS, STEPHEN	n, and accept
FILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  NAME  NAME  SOWARDS, STEPHEN  NAME  SOWARDS, STEPHEN  P. Election Campaign Financing Trust Fund Contribution.  Add  S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  City-St-Zip  Title  P	1
FILE NOW!!! FEE IS \$150.00  After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  NAME  NAME  SOWARDS, STEPHEN  NAME  SOWARDS, STEPHEN  P. Election Campaign Financing Trust Fund Contribution.  Add  S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  S. S. Election Campaign Financing Trust Fund Contribution.  Add  City-St-Zip  Title  P	
After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  CITY-ST-ZIP  NAME  SOWARDS, STEPHEN  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  CEO  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  CITY-ST-ZIP  Change NAME	<del></del>
After May 1; 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  CITY-ST-ZIP  NAME  SOWARDS, STEPHEN  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  CEO  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  CITY-ST-ZIP  Change NAME	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  HANCOCK, DARRELL A  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33606  TITLE  P Delete  TITLE  P Delete  TITLE  NAME  SOWARDS, STEPHEN	<b>00</b> May Be
TITLE CEO LEGE TITLE NAME HANCOCK, DARRELL A STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE NAME SOWARDS, STEPHEN Delete NAME	d to Fees
TITLE CEO LEGE TITLE NAME HANCOCK, DARRELL A STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 TITLE NAME SOWARDS, STEPHEN Delete NAME	
NAME STREET ADDRESS CITY-ST-ZIP HANCOCK, DARRELL A STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 STREET ADDRESS CITY-ST-ZIP  TITLE P Delete TITLE NAME SOWARDS, STEPHEN NAME	
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 STREET ADDRESS CITY-ST-ZIP TITLE P SOWARDS, STEPHEN SOWARDS STREET ADDRESS CITY-ST-ZIP TITLE NAME SOWARDS, STEPHEN STREET ADDRESS CITY-ST-ZIP TITLE NAME	
CITY-ST-ZIP         TAMPA FL 33606         CITY-ST-ZIP           TITLE         P         Delete         TITLE           NAME         SOWARDS, STEPHEN         NAME	
NAME SOWARDS, STEPHEN NAME	
OOMANDO, OLL TIEN	☐ Addition
	_
STREET ADDRESS PO BOX 709 STREET ADDRESS	}
CITY-ST-ZIP WINTER HAVEN FL 33882 CITY-ST-ZIP	l
TITLE V Delete TITLE Change	Addition
NAME CARAS, JASON NAME	
STREET ADDRESS 1101 CHANNELSIDE DR STE 239 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP	
TITLE S Delete TITLE Change	☐ Addition
NAME TAYLOR, TIMOTHY S	
STREET ADDRESS 3616 WEBBER ST STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP	
TITLE T Change	☐ Addition
NAME WILLIAMSON, RICHARD II STREET ADDRESS ASSAULANT TO	
STREET ADDRESS  16309 S TAMIAMI TR  STREET ADDRESS  CITY-ST-ZIP  FT MYERS FL 33008  CITY-ST-ZIP	
Trimitality 6000	I
TITLE Delete TITLE Change	
NAME  PARET APPROACH	☐ Addition
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	☐ Addition
	☐ Addition
12. 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 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 office 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 10 changed, or on an attachment with an address, with other like empowered.	