

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90105 031 ***150.00

DOCUMENT # P00000111881

1. Entity Name

INNOVATIVE TELECOM OF AMERICA, INC.



Principal Place of Business

**1605 MAIN ST. STE 1100
SARASOTA FL 34236**

Mailing Address

**1605 MAIN ST. STE 1100
SARASOTA FL 34236**

2. Principal Place of Business

**900 Orchid Springs Drive
Unit #1**

3. Mailing Address

P.O. Box 709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

Zip

33884

Country

USA

Zip

33882

Country

USA

4. FEI Number

65-1064324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANGLER, STEPHEN D

1605 MAIN ST, STE 1100

SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Stephen Sowards

Street Address (P.O. Box Number is Not Acceptable)

900 Orchid Springs Drive

Unit #1

City

Winter Haven

FL

Zip Code

33884

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, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME

**CEO
HANCOCK, DARRELL A**

STREET ADDRESS

1527 W CARMEN ST

CITY-ST-ZIP

TAMPA FL 33606

☒ Delete

TITLE

NAME

**P
SOWARDS, STEPHEN**

STREET ADDRESS

PO BOX 709

CITY-ST-ZIP

WINTER HAVEN FL 33882

☐ Delete

TITLE

NAME

**V
CARAS, JASON**

STREET ADDRESS

1101 CHANNELSIDE DR STE 239

CITY-ST-ZIP

TAMPA FL 33602

☒ Delete

TITLE

NAME

**S
TAYLOR, TIMOTHY S**

STREET ADDRESS

3616 WEBBER ST

CITY-ST-ZIP

SARASOTA FL 34232

☒ Delete

TITLE

NAME

**T
WILLIAMSON, RICHARD II**

STREET ADDRESS

16309 S TAMiami TR

CITY-ST-ZIP

FT MYERS FL 33908

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Sowards

Date

1/31/03

Daytime Phone #

863-324-2455

CR2E034 (10/02)