

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90463 028 ***150.00

DOCUMENT # P01000004458

1. Entity Name
INNVENT, INC.

Principal Place of Business
395 BILL FRANCE BOULEVARD #36
DAYTONA BEACH FL 32114

Mailing Address
395 BILL FRANCE BOULEVARD #36
DAYTONA BEACH FL 32114



DO NOT WRITE IN THIS SPACE

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

59-3692314

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

MAZZOLA, CHRISTOPHER A
395 BILL FRANCE BOULEVARD #36
DAYTONA BEACH FL 32114

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 reinstating)

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.

TITLE ☐ Delete
 NAME **D MAZZOLA, CHRISTOPHER A**
 STREET ADDRESS **395 BILL FRANCE BOULEVARD #36**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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"LENDING THE WAY TO A BRIGHTER FUTURE"

*I was informed that
 since the server
 was down, a post-
 mark w/05.01.02 would
 not be considered as
 a late filing.*

Ch. Mazzola
INNVENT, INC.
800.664.5680

ORS IN 11

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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: Christopher A. Mazzola **CHRISTOPHER A. MAZZOLA, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)