


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90254 002 ***150.00

0963757 AR

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| DOCUMENT # P01000008650 |  |
| 1. Entity Name INOVATECH, INC. | |

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| Principal Place of Business 3164 ST. ANNES PLACE BOCA RATON FL 33496 | Mailing Address 10602 BAILEY RD SUITE B CORNELIUS NC 28031 |
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| 2. Principal Place of Business 10602 Bailey Road | 3. Mailing Address |
| Suite, Apt. #, etc. Suite B | Suite, Apt. #, etc. |
| City & State Cornelius, NC | City & State |
| Zip 28031 | Country USA |



☒ CHECK HERE IF MAKING CHANGES

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| 4. FEI Number 58-2598007 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HERSHEY, MARLIN 3164 ST. ANNES PLACE BOCA RATON FL 33496 | |
| 7. Name and Address of New Registered Agent Name: Hershey, Marlin Street Address (P.O. Box Number is Not Acceptable): 16130 Rio Del Paz City: Delray Beach FL Zip: 33446 | |

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: Mah S. A. J. DATE: 4/22/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERSHEY, MARLIN 3164 ST. ANNES PLACE BOCA RATON FL 33496 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERSHEY, MARLIN 10602 Bailey Road, Suite B Cornelius, NC 28031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 4/22/03 704-892-7795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)