

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90035 013 \*\*\*150.00

**DOCUMENT # P01000024549**

1. Entity Name

**OFFICE INNOVATION CONCEPTS, INC.**

Principal Place of Business

**3370 BEAU DRIVE SUITE H-3  
 POMPANO BEACH FL 33064**

Mailing Address

**3370 BEAU DRIVE SUITE H-3  
 POMPANO BEACH FL 33064**

2. Principal Place of Business

**1100 DAVID STREET**

3. Mailing Address

**1100 DAVID STREET**

Suite, Apt. #, etc.

**1101**

Suite, Apt. #, etc.

**1101**

City & State

**NORTH MYRTLE BEACH, SC**

City & State

**NORTH MYRTLE BEACH, SC**

Zip

**29582**

Country

**USA**

Zip

**29582**

Country

**USA**

4. FEI Number

**65-1085948**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
 1000 WEST AVENUE  
 SUITE 114  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**Lea Liberman**

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

**2699 Stirling Road, Suite A-305**

City

**Ft Lauderdale**

**FL**

Zip Code

**33312**

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

*Lea Liberman*

**Lea Liberman**

**3/13/02**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STANLEY, LISA**  
 CITY-ST-ZIP **3370 BEAU DRIVE SUITE H-3  
 POMPANO BEACH FL 33064**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1100 DAVID STREET #1101**  
 CITY-ST-ZIP **NORTH MYRTLE BEACH, SC 29582**

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

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

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:

*Lisa Stanley*

**LISA STANLEY**

**20 MAR 2002**

Date

**843-261-1461**

**01000024549**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)