


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

FILED

04 APR 21 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000053084 1. Entity Name INNOVATIVE CONSTRUCTION, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12403 Everard Drive Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

04

City & State Spring Hill, Florida	City & State	4. FEI Number 593721602	Applied For Not Applicable
Zip 34609	Country United States	Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Spiegel & Utrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
1840 Coral Way, 4th Floor	
City Miami	FL Zip Code 33145

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.

000035793720
05/10/04--01020--008 **150.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	PSD Sharon L. Noll 12403 Everard Drive, Spring Hill, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Jonathon W. Noll 12403 Everard Drive, Spring Hill, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon L. Noll Sharon L. Noll 4/15/04 813-270-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Phone #

CR2E034B (12/02)

UNRECORDED

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