2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100053084 1. Entity Name INNOVATIVE CONSTRUCTION, INC.						O3 MAR -3 PM 1:31				AV
Principal Place of Business Mailing Address 12403 EVERARD DRIVE 12403 EVERARD DRIVE SPRING HILL FL 34609 SPRING HILL FL 34609						O3 HAR -3 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 3. Mailing Address							EBIH BUIDI BIEBU. '			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	e	City & State	City & State			4. FEI Number 59-3721602 Applied For Not Applicable				
Zip Country		Zip	Zip Countr		5. (Certificate of Status Desired		.75 Add	itional	1
	6. Name and Address of Currer	at Registered Agent			7. 1	Name and Address of New Re				1
	D. Name and Address of Currer	ii negistered Agent		Name						1
SPIEGEL & UTRERA, P.A.				Street Address (P.O. Box Number is Not Acceptable)						1
1840 SOU 4TH FLOO	THWEST 22ND STREET	÷	4.4							1
MIAMI FL			Ci				FL	Zip Code	?	1
the obligat	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	nt and title if applicable. (NO		d Agent signature requir		sinstating) 9. Election Campaign Fina	DATE	\$5.00	0 May Be	
	k Payable to Florida Department					Trust Fund Contribution			to Fees	
10.	OFFICERS AN	<u>-</u>	11.		AD	DITIONS/CHANGES TO OFFIC				1 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NOLL, SHARON L 12403 EVERARD DRIVE SPRING HILL FL 34609	L □ Delete		l l		3000140: 03/14/0301080	3435 011 **	Ligange ⊒: 150. ()≀	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NOLL, JONATHON W 12403 EVERARD DRIVE SPRING HILL FL 34609	☐ Delete						Change	Addition	CR2
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STRE		and the	حبت عند .		Change	Addition	-
CITY-ST-ZIP				-ST-ZIP		in the second of				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				M.		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete				MW		Change	Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
indicated of the cor	certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	is true and accurate and that powered to execute this repor	my signat t as requir	ure shall have the	e same	legal effect as if made under or	ath: that I am a	ın officer i	or director	

SIGNATURE: