

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90789 032 ***158.75

DOCUMENT # P01000059862

1. Entity Name

**INNOVATIVE FINANCIAL & PROPERTY SOLUTIONS OF FLO
 RIDA INC.**

Principal Place of Business

**1060 BECSTROM DR.
 OVIEDO FL 32765**

Mailing Address

**1060 BECSTROM DR.
 OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

**1060 Beckstrom Dr.
 Suite, Apt. #, etc.**

**1060 Beckstrom Dr.
 Suite, Apt. #, etc.**

City & State

oviedo Fl.

City & State

oviedo Fl. 32765

Zip

32765

Country

US

Zip

32765

Country

US

4. FEI Number

59-3675810

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, DAVID
 11020 PEMBROKE RD.
 MIAMI FL 33025**

7. Name and Address of New Registered Agent

Name **Shawnte Broadus**

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

1060 Beckstrom Drive

City

oviedo

FL

Zip Code

32765

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 **Shawnte Broadus**

(NOTE: Registered Agent signature required when reinstating)

4-15-02

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 **VS** ☐ Delete
 NAME **BROADUS, SHAWNTE**
 STREET ADDRESS **7523 ALOMA AVE., STE. 205A**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **V** ☐ Delete
 NAME **BROADUS, JAMES**
 STREET ADDRESS **7523 ALOMA AVE., STE. 205A**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **T** ☒ Delete
 NAME **BEST, JAMES**
 STREET ADDRESS **7523 ALOMA AVE., STE. 205A**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VS** ☒ Change ☐ Addition
 NAME **Broadus, Shawnte**
 STREET ADDRESS **1060 Beckstrom Dr.**
 CITY-ST-ZIP **oviedo Fl. 32765**

TITLE **V** ☒ Change ☐ Addition
 NAME **Broadus, James**
 STREET ADDRESS **1060 Beckstrom Dr.**
 CITY-ST-ZIP **oviedo Fl. 32765**

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

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

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

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: **James Broadus**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.02 **407.383.8388**
 Date Daytime Phone #

CR2E034 (9/01)