

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90294 043 \*\*\*150.00

**DOCUMENT # P01000101121**

1. Entity Name

**INNOVATIVE NETWORK CONSULTANTS, INC.**

Principal Place of Business

**6500 VIA REGINA  
 BOCA RATON FL 33433**

Mailing Address

**6500 VIA REGINA  
 BOCA RATON FL 33433**

2. Principal Place of Business

**5005 Wiles Rd**

3. Mailing Address

**5005 Wiles Rd**

Suite, Apt. #, etc.

**# 302 Bldg 2**

Suite, Apt. #, etc.

**# 302 Bldg 2**

City & State

**Coconut Creek, FL**

City & State

**Coconut Creek, FL**

Zip

**33073**

Country

**U.S.A**

Zip

**33073**

Country

**U.S.A**

4. FEI Number

**65-1150921**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COLBY, MARTHA  
 6500 VIA REGINA  
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name **Colby, Martha**

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

**5005 Wiles Rd #302 Bldg 2**

City

**Coconut Creek**

**FL**

Zip Code

**33073**

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

*Martha Colby*

**4/26/02**

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 **CEO** ☐ Delete  
 NAME **COLBY, MARTHA**  
 STREET ADDRESS **6500 VIA REGINA**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **CEO** ☐ Delete  
 NAME **COLBY, Martha**  
 STREET ADDRESS **5005 Wiles Rd # 302, Bldg 2**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Martha Colby*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)