

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91306 001 ***150.00

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DOCUMENT # P02000018779

1. Entity Name
INNOVATIONS GROUP, INC.



Principal Place of Business
C/O SPINNER DITTMAN FEDERSPIEL & DOWLING
151 NW 1ST. AVE.
DELRAY BEACH FL 33444

Mailing Address
C/O SPINNER DITTMAN FEDERSPIEL & DOWLING
151 NW 1ST. AVE.
DELRAY BEACH FL 33444



2. Principal Place of Business

18352 CORAL ISLES DR
Suite, Apt. #, etc.

3. Mailing Address

18352 CORAL ISLES DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
01-0642952

Applied For
Not Applicable

Zip
33498

Country

Zip
33498

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DITTMAN, ROBERT A
C/O SPINNER DITTMAN FEDERSPIEL & DOWLING
151 NW 1ST. AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name **ANDREW J. SCOTT, III**
Street Address (P.O. Box Number is Not Acceptable)
18352 CORAL ISLES DRIVE
City **BOCA RATON** FL Zip Code **33498**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **SCOTT, ANDREW J III**
STREET ADDRESS **151 NW 1ST AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☒ Delete
NAME **ALEXANDER, DANIEL C**
STREET ADDRESS **151 NW 1T AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ 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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)