FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91096 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108977

90054496

1. Entity Name
INNOVATIVE ADVANTAGE, INC.

Principal Place of Business	Mailing Address
4005 CASEY KEY RD. NOKOMIS, FL 34275	4005 CASEY KEY RD. NOKOMIS, FL 34275

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address P.O. Box 1298
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Osprey, FL
Zip / Country	Zip 34229 / Country USA

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOLLMER, HELENE A 4005 CASEY KEY RD. NOKOMIS, FL 34275	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOLLMER, HELENE A 4005 CASEY KEY RD. NOKOMIS, FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/C Helene A Vollmer 4005 Casey Key Road Nokomis FL 34275	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V/C/M Lillian Aviles 4005 Casey Key Rd. Nokomis, FL 34275	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T/S Jean A. Snyder 4005 Casey Key Rd Nokomis, FL 34275	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: H J Vollmer 3.13.03 941 9665453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #