

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000003895

1. Entity Name

INNOVATIVE BUSINESS SOLUTIONS, INC. ✓

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90267 046 ***550.00

Principal Place of Business

Mailing Address

12100 RACE TRACK RD
TAMPA FL 33626

12100 RACE TRACK RD
TAMPA FL 33626-3111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3152207

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOHLERS, DEBRA L
5020 GUNN HWY
SUITE 240
TAMPA FL 33624

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.

SIGNATURE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME WOHLERS, DEBRA
STREET ADDRESS 15110 LAUREL COVE CIR.
CITY-ST-ZIP ODESSA FL

TITLE ☐ Change ☒ Addition
NAME Hardee, David
STREET ADDRESS 2233 Stanwood Dr
CITY-ST-ZIP Santa Barbara, CA 93103

TITLE ☒ Delete
NAME CASEY, JOSEPH
STREET ADDRESS 15509 FURLONG CIR
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Change ☒ Addition
NAME Dowd, Karen
STREET ADDRESS 13506 Tufts Place
CITY-ST-ZIP Tampa, FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 (813) 814-2550
Date Daytime Phone #