

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000014055**

1. Entity Name

INNOVATIVE INCOME, INC.**FILED**
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90215 003 ***150.00

903498

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2697 SUNSET POINT ROAD CLEARWATER FL 34619	Mailing Address 2697 SUNSET POINT ROAD CLEARWATER FL 34619
2. Principal Place of Business 2681 FIRESTONE DR.	3. Mailing Address 2681 FIRESTONE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FL	City & State CLEARWATER, FL	4. FEI Number / 59-3156050	Applied For <input type="checkbox"/> Not Applicable
Zip 33761	Country PINELLAS	Zip 33761	Country PINELLAS
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOVE, ALBERT G 2697 SUNSET POINT ROAD CLEARWATER FL 34619	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2681 FIRESTONE DR. City CLEARWATER FL Zip Code 33761
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOVE ALBERT G. 2697 SUNSET POINT RD. CLEARWATER FL 34619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ALBERT G. LOVE, PRES. 1-16-01 727 797 5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)