## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 17, 2001 08:00 AM DOCUMENT # P9300019604 Entity Name **Secretary of State** INNOVATIVE BUSINESS CONCEPTS, INC. Principal Place of Business Mailing Address 8319 WHITE RD 8319 WHITE RD ORLANDO FL ORLANDO FL32818 32818 2. Principal Place of Business 3. Mailing Address 1923 E WASHINGTON STREET 1923 E WASHINGTON STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO 59-3170526 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32803 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASH TODD NASH TODD 8319 WHITE RD Street Address (P.O. Box Number is Not Acceptable) 1923 E WASHINGTON STREET ORLANDO FL32818 City Zip Code ORLANDO 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. 01/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MAME WHALLON SHERRY NAME 72ND LAZY WATER DRIVE S.W. STREET ADDRESS STREET ADDRESS CARTERSVILLE CITY-ST-ZIP GA CITY-ST-ZIP P ☐ Delete TITLE X Change ☐ Addition NAME NASH TODD NAME NASH TODD STREET ADDRESS 8319 WHITE RD STREET ADDRESS 1923 E WASHINGTON STREET CITY-ST-ZIP ORLANDO $\mathbf{FL}$ CITY-ST-ZIP ORLANDO FL32803 ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

01/17/2001

Daytime Phone #

Date

Todd Nash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

CR2E034 (11/00)