02-03 UBR

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 FEB 28 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009398490
02/28/03 -01032--005 **750.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000055086

1. Entity Name Innovasia, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15615 E. Colonial Drive	304 S. Harbor City Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #101
City & State: Orlando, Florida	City & State: Melbourne, Florida
Zip: 32820 Country: USA	Zip: 32901 Country: USA

4. FEI Number 59-3199660 ☐ Applied For ☐ Not Applicable

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

7. **Name and Address of Current Registered Agent**

Name: Darwin R. Carpenter, Jr., CPA

Street Address (P.O. Box Number is Not Acceptable): ~~304 S. Harbor City Boulevard, Suite 101~~

City: Melbourne FL Zip Code: 32901

DO NOT WRITE IN THIS SPACE

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 Darwin R. Carpenter, Jr., CPA [signature] Darwin R. Carpenter, Jr. 2/21/03

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P/T	TITLE	
NAME	Minh D. Tran	NAME	0
STREET ADDRESS	15615 E. Colonial Drive	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32920	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Minh D.Tran 12/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #