FILED
Jan 16, 2002 8:00 am
Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable

01-16-2002 90014 049 ***158.75

UDJBL/DJ AV

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000071140 1. Entity Name INNOVATIVE SOLAR, INC. Principal Place of Business Mailing Address 2368 EVENGLOW AVE. 2368 EVENGLOW AVE. SPRING HILL FL 34609 SPRING HILL FL 34609 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country 6. Name and Address of Current Registered Agent TARACEK, JOHN 2368 EVENGLOW SPRING HILL FL 34609 City SIGNATURE

SIGNATURE: 4

DO NOT WRITE IN THIS SPACE

59-3202916

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change (9/01 TITLE NAME TARACEK, JOHN J NAME CR2E034 2368 EVENGLOW AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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

ED (Pres)