

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90101 017 ***158.75

DOCUMENT # P93000078338

1. Entity Name

INNOVATIVE SOFTWARE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**2804 PASS-A-GRILLE WAY
 ST PETE BEACH 33706**

**C/O JOHN SCHAEFER
 1135 PASADENA AVENUE SOUTH, SUITE 207
 ST. PETERSBURG FL 33707-2888**

ASSISTANT



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

351 S. Julia Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33706

Country

US

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

**SCHAEFER, JOHN ESQ
 1135 PASADENA AVENUE SOUTH
 SUITE 207
 ST. PETERBURG FL 33707**

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 **D** ☐ Delete
 NAME **RODRIGUES, BILL**
 STREET ADDRESS **2804A PASS-A-GRILLE WAY**
 CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE ☒ Change ☐ Addition
 NAME **351 S. Julia Circle**
 STREET ADDRESS **St. Pete Beach, Florida**
 CITY-ST-ZIP **33706**

TITLE **D** ☒ Delete
 NAME **RODRIGUES, GAIL**
 STREET ADDRESS **2804 PASS-A-GRILL WAY**
 CITY-ST-ZIP **ST. PETERSBURG FL 33706**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
BILL RODRIGUES, Director

3/27/00

Date

(727) 367-5082

Daytime Phone #

CFR 101.14 (9/99)