

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90045 047 ***158.75

046027 AV

DOCUMENT # P93000078338

1. Entity Name

INNOVATIVE SOFTWARE SOLUTIONS, INC.

Principal Place of Business

**351 S JULIA CIRCLE
 SAINT PETERSBURG FL 33706
 US**

Mailing Address

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

2. Principal Place of Business

351 S. Julia Circle

Suite, Apt. #, etc.

3. Mailing Address

c/o JOHN SCHAEFER, ESQ.

Suite, Apt. #, etc.
650 Main Street

City & State

St. Pete Beach, FL

Zip

33706

Country

US

City & State

Safety Harbor, FL

Zip

34695

Country

US

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

650 Main Street

City

Safety Harbor

FL

Zip Code
34695

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **RODRIGUES, BILL**
 STREET ADDRESS **351 S JULIA CIRCLE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **St. Pete Beach, FL 33706**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BILL RODRIGUES, President

2/11/02

(727) 367-5082

Date

Daytime Phone #

CR2E034 (9/01)