

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011698

1. Entity Name

INNOVATIVE DESIGN SOLUTIONS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90208 029 ***150.00

0081050

Principal Place of Business

410 NORTH WICKHAM ROAD
SUITE 201
MELBOURNE FL 32935
US

Mailing Address

410 NORTH WICKHAM ROAD
SUITE 201
MELBOURNE FL 32935
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3230770

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILES, WILLIAM W JR
4150 CAREYWOOD DRIVE
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name **Donald W. LAIRO**
Street Address (P.O. Box Number Is Not Acceptable)
410 N. WICKHAM ROAD
SUITE 201
City **MELBOURNE** FL **32935**

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, 2001 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 **D** ☒ Delete
NAME **WILES, WILLIAM W JR.**
STREET ADDRESS **4150 CAREYWOOD DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **D** ☐ Delete
NAME **LAIRO, DONALD W**
STREET ADDRESS **835-60 PARADISE BLVD**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **STEVEN BRANTLEY**
STREET ADDRESS **645 S. HEDGECOCK SQUARE**
CITY-ST-ZIP **SAFELITE BEACH FL 32937**

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/12/01

321-254-1173 x10

CR2E034 (10/00)

730371



DO NOT WRITE IN THIS SPACE