

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022345

1. Entity Name

INNOVATED SOFTWARE SOLUTIONS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90012 047 ***150.00

Principal Place of Business

Mailing Address

1208 BAXTER DRIVE
PLANO TX 75025-2855

1208 BAXTER DRIVE
PLANO TX 75025-2855

2. Principal Place of Business

3409 Marsalis Lane

3. Mailing Address

3409 Marsalis Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plano, TX

City & State

Plano, TX

Zip

75074

Country

USA

Zip

75074

Country

USA

4. FEI Number

59-3231238

Applied For

Not Applicable

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

LEE, PAMELA
1754 BRANCH VINE DRIVE W.
JACKSONVILLE FL 32246

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 VS
NAME MADDOX, DIANNA
STREET ADDRESS 1208 BAXTER DRIVE
CITY-ST-ZIP PLANO TX 75025-2855 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3409 Marsalis Lane
CITY-ST-ZIP Plano, TX 75074

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Michael Maddox
CITY-ST-ZIP 3409 Marsalis Lane
Plano, TX 75074

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
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 persons who were

SIGNATURE: *Michael Maddox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000

Date

972-766-7261

Daytime Phone #

CR2E034 (9/99)