

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054911

1. Entity Name

INNOVATIVE TECHNOLOGICAL RESOURCES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90549 015 ***150.00

Principal Place of Business

4140 STEAMBOAT BEND E #202
FT MYERS FL 33919
US

Mailing Address

4140 STEAMBOAT BEND E #202
FT MYERS FL 33919-4548
US

048915

2. Principal Place of Business

3. Mailing Address

200 Amherst Drive
Suite, Apt. #, etc.

200 Amherst Drive
Suite, Apt. #, etc.

City & State

Tullahoma, TN

City & State

Tullahoma, TN

Zip

37388

Country

Zip

37388

Country

4. FEI Number

65-0511802

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, RONALD J
4140 STEAMBOAT BEND E #202
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Joseph Fisher, CPA
Street Address (P.O. Box Number is Not Acceptable)
9449 S. Old Dixie Hwy
City Miami FL Zip Code 33156

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GRAY, RONALD J 4140 STEAMBOAT BEND E #202 FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF TERRI L HOUCK 116 QUAIL HOLLOW CT TULLAHOMA TN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Gray, Ronald J. 200 Amherst Drive Tullahoma, TN 37388	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Gray, Terri L. 200 Amherst Drive Tullahoma, TN 37388	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ronald J. Gray

Date

1/31/00

Daytime Phone #

931-455-4701