

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059538

1. Entity Name
INVENTEK, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90077 039 ***150.00

Principal Place of Business 601 CLEVELAND ST STE 300 CLEARWATER FL 33755 US	Mailing Address 601 CLEVELAND ST STE 300 CLEARWATER FL 33755-4164 US
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2. Principal Place of Business Suite, Apt. #, etc. SUITE 500	3. Mailing Address Suite, Apt. #, etc. SUITE 500
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3325763	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete FURNISS, J. STEVEN STREET ADDRESS 730 BAY ESPLANADE CITY-ST-ZIP CLEARWATER FL 33767	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete FURNISS, JAMES E STREET ADDRESS 650 ISLAND WAY 506 CITY-ST-ZIP CLEARWATER FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	670 Island Way # 707
TITLE S	<input type="checkbox"/> Delete FURNISS, ELIZABETH G STREET ADDRESS 650 ISLAND WAY 506 CITY-ST-ZIP CLEARWATER FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	670 Island Way # 707
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	<input type="checkbox"/> Delete	<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: STEVEN FURNISS **STEVEN FURNISS** 4/18/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)