2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9400063968** Jan 12, 2000 8:00 am Secretary of State INNOVATIVE FINANCIAL SERVICES, INC. 01-12-2000 90056 047 ***150.00 Mailing Address Principal Place of Business 5728 MAJOR BLVD. 5728 MAJOR BLVD. STF 315 **STE 315** ORLANDO FL 32819-7944 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3263950 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mahoney-MAHONEY, KATHLEEN 7280 GLASGOW AVENUE ORLANDO FL 32819 the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named exitty subn SIGNATURE Signature, typed or and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE Kathleen Mahoney-Meikle MAHONEY, KATHLEEN NAME NAME 108 HARWOOD CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Chānce Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fee this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplement of the corporation or the receiver of the changed, or on an attachment with a

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