

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009313

1. Entity Name

INNOVATIVE FINANCIAL STRATEGIES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90093 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3801 CROWN POINT RD  
2183  
JAX LF 32257  
US

POB 551324  
JAX FL 32255-1324  
US

2. Principal Place of Business

100 Executive Way  
Suite, Apt. #, etc.  
214

3. Mailing Address

PO Box 3051  
Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3294585

Applied For

Not Applicable

Zip  
32082

Country  
US

Zip  
32004-3051

Country  
US

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

SHEVLIN, ROBERT A  
3801 CROWN POINT ROAD  
SUITE 2183  
JACKSONVILLE FL 32257

Name Robert A Shevlin

Street Address (P.O. Box Number is Not Acceptable)

100 Executive Way Suite 214

City Ponte Vedra Beach

FL

Zip Code  
32082

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 Robert A Shevlin, President

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 DP  
NAME SHEVLIN, ROBERT A  
STREET ADDRESS 3801 CROWN POINT ROAD, #2183  
CITY-ST-ZIP JACKSONVILLE FL 38257

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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: Robert A Shevlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)