

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90140 041 ***150.00

0002126 AV

DOCUMENT # P95000009313

1. Entity Name
INNOVATIVE FINANCIAL STRATEGIES, INC.

Principal Place of Business
**100 EXECUTIVE WAY
STE 214
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**PO BOX 3051
PONTE VEDRA BCH FL 32004-3057
US**



2. Principal Place of Business
100 Executive Way

3. Mailing Address

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State

4. FEI Number
59-3294585

Applied For
Not Applicable

Zip
32082

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEVLIN, ROBERT A
100 EXECUTIVE WAY
SUITE 214
PONTE VEDRA BEACH FL 32082**

Name **Robert A. Shevlin**
Street Address (P.O. Box Number is Not Acceptable)
**100 Executive Way
Suite 220**
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** **Robert A. Shevlin**

4/8/02

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, 2002 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** ☐ Delete
NAME **SHEVLIN, ROBERT A**
STREET ADDRESS **3801 CROWN POINT ROAD, #2183**
CITY-ST-ZIP **JACKSONVILLE FL 38257**

TITLE **DP** ☒ Change ☐ Addition
NAME **Shevlin, Robert A.**
STREET ADDRESS **5478 London Lake Drive**
CITY-ST-ZIP **Jacksonville FL 32258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 like empowered.

SIGNATURE: **Robert A. Shevlin** **Robert A. Shevlin** **4/8/02**

9045430777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)