

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90088 017 \*\*\*150.00

**DOCUMENT # P95000038659**

1. Entity Name  
**INNOVATIVE TECHNOLOGIES GROUP INC.**



Principal Place of Business  
**7411 ALAFIA DRIVE  
RIVERVIEW FL 33569**

Mailing Address  
**7411 ALAFIA DRIVE  
RIVERVIEW FL 33569**

2. Principal Place of Business  
**11123 Hannaway Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 3656**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Riverview, FL**

City & State  
**Riverview, FL**

4. FEI Number **59-3320182**

Applied For  
Not Applicable

Zip **33569** Country **USA**

Zip **33568** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**DARSEY, JOHN D III  
7411 ALAFIA DRIVE  
RIVERVIEW FL 33569**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11123 Hannaway Dr**  
City **Riverview** **FL** Zip Code **33569**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **V** ☐ Delete  
NAME **DARSEY, JOHN D III**  
STREET ADDRESS **7411 ALAFIA DRIVE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **P** ☐ Delete  
NAME **DARSEY, TINA P**  
STREET ADDRESS **7411 ALAFIA DRIVE**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11123 Hannaway Dr**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11123 Hannaway Dr**  
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-8-03**

Date

**813-677-3739**

Daytime Phone #

CR2E034 (10/02)