

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044168

1. Entity Name

INNOVATIVE TECH, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90114 024 ***158.75

Principal Place of Business

Mailing Address

3152 SHADEVILLE RD
 CRAWFORDVILLE FL 32327
 US

3152 SHADEVILLE RD
 CRAWFORDVILLE FL 32327-0725
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3323580

Applied For

Not Applicable

Zip

Country

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

FITCH-CLEWIS, ROBIN S
556 RIVER PLANTATION ROAD
CRAWFORDVILLE FL 32327

Name

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

City

FL

Zip Code

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

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	P	<input type="checkbox"/> Delete
NAME	FITCH-CLEWIS, ROBIN S	
STREET ADDRESS	556 RIVER PLANTATION ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	CLEWIS, KEVIN	
STREET ADDRESS	556 RIVER PLANTATION ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

Robin S. Fitch-Clewis
 Robin S. Fitch-Clewis, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 January '00

Date

850/421-9449

Daytime Phone #

CR2E034 (9/99)