

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000107

1. Entity Name

INNOVATIVE SOFTWARE SYSTEMS INTERNATIONAL, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90376 027 \*\*\*150.00

Principal Place of Business

Mailing Address

6767 N. WICKHAM RD  
STE 400  
MELBOURNE FL 32740  
US

6767 N. WICKHAM RD  
STE 400  
MELBOURNE FL 32940-2025  
US

2. Principal Place of Business

3. Mailing Address

819 E. Strawbridge Ave

819 E. Strawbridge Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

Suite 3

City & State

City & State

MELBOURNE FL

MELBOURNE FL

Zip

Country

Zip

Country

32901

US

32901

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIEL, MICHELLE  
3150 WINNIPEG COURT  
MELBOURNE FL 32935

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 ☐ Delete  
NAME D  
STREET ADDRESS GARDNER, RAYMOND  
CITY-ST-ZIP 220 CONGRESS PK DR  
DELRAY BCH FL 33445

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS GABRIEL, MICHELLE  
CITY-ST-ZIP 3150 WINNIPEG COURT  
MELBOURNE FL 32435

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CURRIE, ROBERT  
CITY-ST-ZIP 134 NE 1ST AVE  
DELRAY-BCH FL 33444

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-00

Date

321-7223131

Daytime Phone #

CR2F034 (5/99)