

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004618

1. Entity Name
TODAY'S INNOVATIVE PROGRAMS, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State
 09-15-2000 90008 034 ***550.00

Principal Place of Business
2463 E ALDEN TRACE BLVD
JACKSONVILLE FL 32246
US

Mailing Address
PO BOX 17152
JACKSONVILLE FL 32245
US



2. Principal Place of Business
2126 PECOS WAY

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
 Suite, Apt. #, etc.

Zip
32246

Country
USA

4. FEI Number **NOT APPLICABLE**

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

6. Name and Address of Current Registered Agent

WAUGERMAN, HARLEY C
2463 EAST ALDEN TRACE BLVD
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name **WAUGERMAN, HARLEY C**

Street Address (P.O. Box Number is Not Acceptable)
2126 PECOS WAY

City **JACKSONVILLE** **FL** Zip Code **32246**

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 *Harley C. Waugerman* **HARLEY C. WAUGERMAN** **9/12/00**
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. ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LOUGERY, PATRICIA 2463 EAST ALDEN TRACE BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WAUGERMAN, HARLEY 2463 E. ALDEN TRACE BLV. JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harley C. Waugerman* **SIGNATURE REQUIRED** **9/12/00** **(904) 220-9688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)