

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90049 018 ***150.00

DOCUMENT # P96000017882

1. Entity Name

PRODUCT INNOVATIONS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

100 E TARPON AVE
 STE 2
 TARPON SPRINGS FL 34689

100 E TARPON AVE
 STE 2
 TARPON SPRINGS FL 34689-3427

(1 1 4 0 0)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3365250

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DAVID P
 739 N. PINELLAS AVE.
 TARPON SPRINGS FL 34689

Name: Daniel L Prewett
 Street Address (P.O. Box Number is Not Acceptable): 5777 Geneva Rd So Unit 14
 City: Sarasota FL Zip Code: 34233

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] Dan Prewett

DATE: 4/14/00

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. (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 | LUNDBERG, VINCENT JAMES | |
| STREET ADDRESS | 3137 HUNTINGTON RD | |
| CITY-ST-ZIP | HOLIDAY FL 34691 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, PETER | |
| STREET ADDRESS | 1015 LAKE AVOGA CT | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HUGHES, BARBARA | |
| STREET ADDRESS | 530 GRAND BLVD | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 739 N. PINELLAS AVE | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1004 RIVERSIDE DR | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 all other like empowered.

SIGNATURE: [Signature] PETER GRIFFIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/00 727-937-1912

Date Daytime Phone #

CR2E034 (9/99)