

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90056 008 \*\*\*158.75

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1. Corporation Name  
INNOVATIVE BUSINESSES CORP.

Principal Place of Business  
800 N. ST. RD 434  
SUITE 3  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
P.O. BOX 915140  
LONGWOOD FL 32791-5140  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/20/1996

4. FEI Number  
59-3412964

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 780 Deltona Blvd.

Suite, Apt. #, etc.  
22 #201

City & State  
23 Deltona, Florida

Zip Country  
24 32725 Volusia

2a. Mailing Address

26 780 Deltona Blvd

Suite, Apt. #, etc.  
27 #201

City & State  
28 Deltona, FL

Zip Country  
29 32725 Volusia

9. Name and Address of Current Registered Agent

URSETH, JAMES R  
50 NEEDLE BLVD.  
#32  
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name JAMES R. URSETH  
82 Street Address (P.O. Box Number is Not Acceptable)  
780 Deltona Blvd.  
83 #201  
84 City Deltona FL 85 Zip Code 32725

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME URSETH, JAMES R  
STREET ADDRESS 599 HEATHER BRITE CIRCLE  
CITY-ST-ZIP APOPKA FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.  
1.2 NAME Joseph A. Navit  
1.3 STREET ADDRESS 780 Deltona Blvd #201  
1.4 CITY-ST-ZIP Deltona, FL 32725

2.1 TITLE V.P.  
2.2 NAME Lisa Urseth  
2.3 STREET ADDRESS 960 Highland scenic Dr.  
2.4 CITY-ST-ZIP Baxter, MN 56425

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

4/5/99

407-860-4588

CR2E034 (11/98)