2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P96000096385** 1. Entity Name INNOVATIVE BUSINESSES CORP. 04-10-2000 90033 011 ***158.75 Principal Place of Business Mailing Address 780 DELTONA BLVD 780 DELTONA BLVD **DELTONA FL 32725 DELTONA FL 32725-7128** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3412964 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name URSETH, JAMES R Street Address (P.O. Box Number is Not Acceptable) 780 DELTONA BLVD #201 **DELTONA FL 32725** Zip Code City 8. The above named entity submits this statement for the Ananging its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Ρ ☐ Delete TITLE Change Addition TITLE URSETH, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 599 HEATHER BRITE CIRCLE CITY-ST-ZIP City-St-7lP APOPKA FL 32712 Change ☐ Addition TITLE V.P. **∠** Delete TITLE NAULT, JOSEPH A NAME NAME STREET ADDRESS STREET ADDRESS 780 DELTONA BLVD #201 CITY-ST-7IP CITY - ST - 718 **DELTONA FL 32725** Change ☐ Addition TITLE Delete TITLE URSETH, LISA NAME NAME STREET ADDRESS STREET ADDRESS 960 HIGHLAND SCENIC DR CITY-ST-718 CITY-ST-ZIP BAXTER MN 56425 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING CFFICER OR VIRECTOR

4-5-00

407-8604888

CR2E034 (9/99)

Daytime Phone #