

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000096385**1. Entity Name  
INNOVATIVE BUSINESSES CORP.

## Principal Place of Business

780 DELTONA BLVD  
#201  
DELTONA  
32725

FL

US

## Mailing Address

780 DELTONA BLVD  
#201  
DELTONA  
32725

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-3412964

Applied For

Not Applicable

## 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

URSETH JAMES R  
780 DELTONA BLVD  
#201  
DELTONA  
32725

FL

## 7. Name and Address of New Registered Agent

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)

04/15/2001

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, 2001 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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | URSETH LISA              |                                 |
| STREET ADDRESS | 780 DELTONA BLVD #201    |                                 |
| CITY-ST-ZIP    | DELTONA FL 32725         |                                 |
| TITLE          | VP                       | <input type="checkbox"/> Delete |
| NAME           | NAULT JOSEPH A           |                                 |
| STREET ADDRESS | 780 DELTONA BLVD 3201    |                                 |
| CITY-ST-ZIP    | DELTONA FL 32725         |                                 |
| TITLE          | P                        | <input type="checkbox"/> Delete |
| NAME           | URSETH JAMES R           |                                 |
| STREET ADDRESS | 599 HEATHER BRITE CIRCLE |                                 |
| CITY-ST-ZIP    | APOPKA FL 32712          |                                 |
| 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    |                          |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |
|----------------|-------------------------|--|
| 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    |                         |  |
| TITLE          | P                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | URSETH JAMES R          |  |
| STREET ADDRESS | 125 ESCAMBIA LANE, #307 |  |
| CITY-ST-ZIP    | COCOA BEACH FL 32931    |  |
| 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    |                         |  |
| 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:** James R. Urseth

Pres

04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)