

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038222

1. Entity Name

OFFICE INNOVATIONS, INC.

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90076 019 \*\*\*150.00

Principal Place of Business

3167 ST. JOHNS BLUFF RD. S.  
STE. #103  
JACKSONVILLE FL 32246

Mailing Address

3167 ST. JOHNS BLUFF RD. S.  
STE. #103  
JACKSONVILLE FL 32246-3754

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3450745

Applied For

Not Applicable

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

LECALSEY, CHERYL M

~~12351 SHAKY LEAF COUT~~  
~~JACKSONVILLE FL 32224~~

Name

LECALSEY, CHERYL M.

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

13022 AZALEA RIVER PLACE

City

JACKSONVILLE

FL

Zip Code

32224

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)

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	D	<input type="checkbox"/> Delete
NAME	LECALSEY, CHRISTOPHER R	
STREET ADDRESS	<del>12351 SHAKY LEAF COUT</del> 13022 AZALEA RIVER PL	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32224</del> JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSBEE, GRANT M	
STREET ADDRESS	10643 LAKEVIEW RD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECALSEY, CHERYL M	
STREET ADDRESS	<del>12351 SHAKY LEAF COUT</del> 13022 AZALEA RIVER PL	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32224</del> JACKSONVILLE FL 32224	
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 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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-00

904-620-8600

CR2E034 (9/99)