

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038222

1. Entity Name

OFFICE INNOVATIONS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90071 047 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

10909 ATLANTIC BLVD.

3. Mailing Address

10909 ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE #15 W

Suite, Apt. #, etc.

SUITE #15 W

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32225

Country

USA

Zip

32225

Country

USA

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

LECALSEY, CHERYL M
13022 AZALEA RIVER PLACE
JACKSONVILLE FL 32224

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)

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 D
NAME LECALSEY, CHRISTOPHER R
STREET ADDRESS 13022 AZALEA RIVER PL
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE D
NAME BUSBEE, GRANT M
STREET ADDRESS 10643 LAKEVIEW RD EAST
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE D
NAME LECALSEY, CHERYL M
STREET ADDRESS 13022 AZALEA RIVER PL
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)