

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90046 049 ***158.75

0041243

DOCUMENT # P97000063826

1. Entity Name

INNOVATIVE BUILDING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**370 WHOOPING LOOP
 1142
 ALTAMONTE SPRINGS FL 32701
 US**

**370 WHOOPING LOOP
 1142
 ALTAMONTE SPRINGS FL 32701
 US**

2. Principal Place of Business

**4031 AVALON PARK EAST
 BLVD.**

3. Mailing Address

4031 AVALON PARK EAST BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number **59-3460753**

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

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

**VARM AND ASSOCIATES
 610 CROWN OAK CENTRE DRIVE
 LONGWOOD FL 32750**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **EARL, STEVE R**
 STREET ADDRESS **370 WHOOPING LOOP STE 1142**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
 NAME **4031 AVALON PARK EAST BLVD.**
 STREET ADDRESS **ORLANDO FL 32828**
 CITY-ST-ZIP

TITLE **EVP** ☐ Delete
 NAME **EARL, HARRY C**
 STREET ADDRESS **370 WHOOPING LOOP STE 1142**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
 NAME **4031 AVALON PARK EAST BLVD**
 STREET ADDRESS **ORLANDO FL 32828**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **EARL, LANCE**
 STREET ADDRESS **370 WHOOPING LOOP STE 1142**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☒ Change ☐ Addition
 NAME **4031 AVALON PARK EAST BLVD**
 STREET ADDRESS **ORLANDO FL 32828**
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

STEVE R. EARL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

407-467-9861

407-467-9861

Daytime Phone #

CR2E034 (10/00)