

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105171

1. Entity Name

INNOVATIVE MORTGAGE SOLUTIONS, INC.

Principal Place of Business

1325 S. CONGRESS AVE.
SUITE 230-A
BOYNTON BEACH FL 33426

Mailing Address

1325 S. CONGRESS AVE.
SUITE 230-A
BOYNTON BEACH FL 33426-5876

2. Principal Place of Business

1325 S. Congress Ave.

Suite, Apt. #, etc.

Suite 230-A

City & State

Boynton Beach FL

Zip

33426-5876

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90127 028 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799190

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

STURGEON, JANICE A
5 SEAFORD PLACE
BOYNTON BEACH FL 33462-7132

Name

Sturgeon, Janice A

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

5 Seaford Place

City

Boynton Beach

FL

Zip Code

33426-7632

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	P	<input checked="" type="checkbox"/> Delete
NAME	STURGEON, JANICE A	
STREET ADDRESS	5 SEA FORD PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462-7132	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sturgeon, Janice A	
STREET ADDRESS	5 Seaford Place	
CITY-ST-ZIP	Boynton Beach FL 33426-7632	
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		
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: Janice A Sturgeon Janice A Sturgeon 4-25-2000 561 733-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)