

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003018

1. Entity Name

INNOVATIVE DATA MANAGEMENT INCORPORATED

Principal Place of Business

110 N ORLANDO AVE, SUITE 9  
MAITLAND FL 32751

Mailing Address

110 N ORLANDO AVE, SUITE 9  
MAITLAND FL 32751

2. Principal Place of Business

1778 PARK AV. NORTH

Suite, Apt. #, etc.

SUITE 200

City & State

MAITLAND FL

Zip

32751

Country

ORANGE

3. Mailing Address

1778 PARK AV. NORTH

Suite, Apt. #, etc.

SUITE 200

City & State

MAITLAND, FL

Zip

32751

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3483983

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, CHERYL  
110 N ORLANDO AVE, SUITE 9  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

BLACKBURN, CHERYL

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

1778 PARK AV. NORTH

SUITE 200

City

MAITLAND

FL

Zip Code

32751

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 PD  
NAME BLACKBURN, CHERYL  
STREET ADDRESS 110 N ORLANDO AVE, SUITE 9  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BLACKBURN, CHERYL  
STREET ADDRESS 1778 PARK AV NORTH SUITE 200  
CITY-ST-ZIP MAITLAND, FL 32751 ☒ Change ☐ Addition

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

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

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

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

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

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:

*Cheryl H. Blackburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHERYL H. BLACKBURN

04/25/01 407-539-0644  
Date Daytime Phone #

CR2E034 (10/00)

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