2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800031645 FILED GRUNE FARY OF STATE VISION OF CORPORATIONS Innovative Technologies Unlimited, Inc. 00 OCT 16 PM 4: 01 Principal Place of Business Mailing Address 1405 FLAGLER BLUD LAKE PARK, FL 33402 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0835 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COURTNEY, KASSAHORA Street Address (P.O. Box Number is Not Acceptable) 1605 FLAGUER BUP DUE PARK, FL 33403 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \_**\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. ~ After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \* Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete NAME 900003436209---10/24/00--01020--010 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*150.80 CITY-ST-ZIP \*\*\*\*150.00 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAMĖ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cytrustee 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 y SIGNATURE: Daytime Phone #





## Innovative Technologies , Unlimited, Inc.

1605 Flagler Blvd., Lake Park, FL 33403 561-845-090561-845-0430 Fax

September 15, 2000

Division of Corporations Florida Dept of State P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam;

In speaking with my accountant, I have been informed that my check #\_1065 issued to the Elorida Dept of State has not cleared the bank. The purpose of this letter is to determine if there has been an error, and to assure that my corporate 2000 Uniform Business Report is in tack. Please contact me if I need to reissue a check.

Sincerely,

Kassandra Courtney

President