

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91438 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000031645

1. Entity Name
INNOVATIVE TECHNOLOGIES UNLIMITED, INC.



Principal Place of Business
1605 FLAGLER BLVD.
LAKE PARK, FL 33403

Mailing Address
1605 FLAGLER BLVD.
LAKE PARK, FL 33403

2. Principal Place of Business

325 EDWARDS LN.

Suite, Apt. #, etc.

3. Mailing Address

325 EDWARDS LN

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PALM BEACH SHORES FL

City & State

PALM BEACH SHORES FL

4. FEI Number

65-0835286

Applied For

Not Applicable

Zip

Country

33404

USA

Zip

Country

33404

USA

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, KASSANDRA
1605 FLAGLER BLVD.
LAKE PARK, FL 33403

7. Name and Address of New Registered Agent

Name

KASSANDRA COURTNEY

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

325 EDWARDS LN

City

PALM BEACH SHORES FL

Zip Code

33404

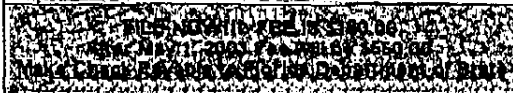
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kassandra Courtney

4/22/03

DATE



9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME COURTNEY, KASSANDRA ☐ Delete
STREET ADDRESS 1605 FLAGLER BLVD.
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME COURTNEY, KASSANDRA
STREET ADDRESS 325 EDWARDS LANE
CITY-ST-ZIP PALM BEACH SHORES, FL 33404

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kassandra Courtney

4/22/03 561-845-0902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Corporation Page 2