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	Mailing Address
1605 FLAGLER BLVD. LAKE PARK, FL 33403	1605 FLAGLER BLVD. LAKE PARK, FL 33403

2. Principal Place of Business	3. Mailing Address
325 EDWARDS LN.	325 EDWARDS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH SHORES FL	City & State: PALM BEACH SHORES, FL
Zip: 33404 — Country: USA	Zip: 33404 — Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0835266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 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 BCH 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 ______________________ 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTNEY, KASSANDRA 1605 FLAGLER BLVD. LAKE PARK, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COURTNEY, KASSANDRA 325 EDWARDS LANE PALM BCH SHORES, FL 33404	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 4/22/03 561-845-0902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #