

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90361 002 ***150.00

DOCUMENT # P98000034329



1. Entity Name
INNOVATIVE ELEVATORS, INC.

Principal Place of Business
**8704 TERRA OAKS ROAD
TAMPA FL 33637**

Mailing Address
**8704 TERRA OAKS ROAD
TAMPA FL 33637**



2. Principal Place of Business
4302 E 10TH AVE.

3. Mailing Address
4302 E 10TH AVE

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.
304

City & State
TAMPA FL.

City & State
TAMPA FL

4. FEI Number
59-3504603

Applied For
☐ Not Applicable

Zip Country
33605 HILLSBORO

Zip Country
33605 HILLSBORO

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

**KOWALCZYK, FRANK
8704 TERRA OAKS ROAD
TAMPA FL 33637**

Name

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

City

FL

Zip Code

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

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 Check 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 **DP** ☐ Delete
NAME **KOWALCZYK, FRANK**
STREET ADDRESS **8704 TERRA OAKS ROAD**
CITY-ST-ZIP **TAMPA FL 33637**

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

TITLE **DV** ☐ Delete
NAME **MUTO, DAVID**
STREET ADDRESS **6680-12TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03

813-241-4397

CR2E034 (10/02)