

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90636 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # P98000041522

1. Entity Name

INNOVATIVE Technical Network Corporation

Principal Place of Business

Mailing Address

555 N. Ellis Rd.
Jacksonville, FL 32254Same

2. Principal Place of Business

555 N. Ellis Rd.

3. Mailing Address

555 N. Ellis Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

593514315

Applied For

Not Applicable

Zip

Country

32254USA

Zip

32254

Country

USA5. 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

Corporation Service Company
1201 Hayes St.
Tallahassee, FL 32301-2525

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.

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)10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>PSTD</u>	☐ Delete
NAME	<u>Buck, James R.</u>	
STREET ADDRESS	<u>555 N. Ellis Rd.</u>	
CITY - ST - ZIP	<u>Jacksonville, FL 32254</u>	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2001 904-378-9944
 Date Daytime Phone #