

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000070993**

1. Entity Name
INNOVATIVE SOLUTIONS OF AMERICA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90352 048 ***150.00

Principal Place of Business Mailing Address
301 WEST NINE MILE ROAD **301 WEST NINE MILE ROAD**
PENSACOLA FL 32534 **PENSACOLA FL 32534**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-3528261** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NASSEF, NAMON A
301 WEST NINE MILE ROAD
PENSACOLA FL 32534

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 based on printed name of registered agent and the following:

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$100.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD NASSEF, NAMON A 301 WEST NINE MILE ROAD PENSACOLA FL 32534	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD NASSEF, DANNA 301 WEST NINE MILE ROAD PENSACOLA FL 32534	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

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

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 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: *N. A. Nasel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-1 850-484-4983
DATE PREPARED

CR2E034 (10/00)