

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072537

1. Entity Name

INNOVATIVE INSTALLATION SERVICES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90015 008 ***150.00

Principal Place of Business

8573 HERBISON AVENUE
NORTH PORT FL 34287

Mailing Address

8573 HERBISON AVENUE
NORTH PORT FL 34287-1958

2. Principal Place of Business

6418 99th Street East

3. Mailing Address

7282 55th Avenue East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 155

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0857318

Applied For

Not Applicable

Zip
34202

Country

Zip

34203-8002

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 11

TITLE PD ☒ Delete
NAME EVANS, KIMI L
STREET ADDRESS 8573 HERBISON AVENUE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE PSDT ☐ Change ☒ Addition
NAME Newcomb, William
STREET ADDRESS 6418 99th Street East
CITY-ST-ZIP Bradenton FL 34202

TITLE ST ☒ Delete
NAME SARMANIAN, JOHN
STREET ADDRESS 8573 HERBISON AVENUE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE D ☐ Change ☒ Addition
NAME Newcomb, Denise
STREET ADDRESS 6418 99th Street East
CITY-ST-ZIP Bradenton FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)