

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000097572****1. Entity Name**  
INNOVATIVE TECHNOLOGICAL SOLUTIONS, INC.

<b>Principal Place of Business</b> 1435 RIVERSIDE DRIVE  TARPON SPRINGS FL 34689	<b>Mailing Address</b> 1435 RIVERSIDE DRIVE  TARPON SPRINGS FL 34689
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<b>2. Principal Place of Business</b> 11607 INNFIELDS DRIVE	<b>3. Mailing Address</b> 11607 INNFIELDS DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> ODESSA FL	<b>City &amp; State</b> ODESSA FL
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<b>Zip</b> 33556	<b>Country</b>	<b>Zip</b> 33556	<b>Country</b>
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<b>4. FEI Number</b> 65-0894503	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

PELLEY JEFF  
1435 RIVERSIDE DRIVE  
  
TARPON SPRINGS FL 34689

**7. Name and Address of New Registered Agent**

Name  
PELLEY JEFF  
Street Address (P.O. Box Number is Not Acceptable)  
11607 INNFIELDS DRIVE  
  
City  
ODESSA FL Zip Code  
33556

**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 JEFF PELLEY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/30/2000**

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**

<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete
<b>NAME</b>	PELLEY JEFF
<b>STREET ADDRESS</b>	1435 RIVERSIDE DRIVE
<b>CITY-ST-ZIP</b>	TARPON SPRINGS FL 34689

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>NAME</b>	
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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PELLEY JEFF
<b>STREET ADDRESS</b>	11607 INNFIELDS DRIVE
<b>CITY-ST-ZIP</b>	ODESSA FL 33556

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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** Jeff Pelley**PD** 04/30/2000