

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003608

1. Entity Name

INNOVATIVE QUALITY RESOURCES, INC.

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90026 035 \*\*\*150.00

Principal Place of Business

812 CAPE VIEW DR.  
FT. MYERS FL 33919

Mailing Address

812 CAPE VIEW DR.  
FT. MYERS FL 33919

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

65-0886107

Applied For

Not Applicable

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

DELLUTRI, CARMEN ESQ.  
1809 COLONIAL BOULEVARD  
FORT MYERS FL 33907

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

CR2E034 (9/01)

TITLE P  Delete  
NAME DAITCH, BARBARA S.R.  
STREET ADDRESS 812 CAPE VIEW DR.  
CITY-ST-ZIP FT. MYERS FL 33919TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP  Delete  
NAME DAVIS, JONATHAN S  
STREET ADDRESS 812 CAPE VIEW DRIVE  
CITY-ST-ZIP FORT MYERS FL 33919TITLE VP  Change  Addition  
NAME DAITCH, JONATHAN *(spelling)*  
STREET ADDRESS 812 Cape View Dr  
CITY-ST-ZIP Ft myersTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
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CITY-ST-ZIPTITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE  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: *Barbara S.R. Daitch, Pres.* 4/8/02 239-437-8002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #