

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004574

1. Entity Name

INNOVATIVE SYSTEMS CONSULTANTS, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90023 040 ***150.00

Principal Place of Business

5312 RUSSELL ST.
TAMPA FL 33611

Mailing Address

5312 RUSSELL ST.
TAMPA FL 33611-4047

2. Principal Place of Business

Suite, Apt. #, etc.
#291

City & State

Tampa FL

Zip

33635

Country

Hillsborough

3. Mailing Address

Suite, Apt. #, etc.
#291

City & State

Tampa, FL

Zip

33635

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDADDE, BENJAMIN J
5312 RUSSELL ST.
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name

BENJAMIN J MCDADDE

Street Address (P.O. Box Number is Not Acceptable)

11266 W. Hillsborough Ave. #291

City

Tampa

FL

Zip Code

33635

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)

3/4/00
DATE

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

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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

TITLE D
NAME MCDADDE, BENJAMIN J
STREET ADDRESS 5312 RUSSELL ST.
CITY-ST-ZIP TAMPA FL 33611

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MCDADDE, BENJAMIN J
STREET ADDRESS 11266 W. Hillsborough Ave #291
CITY-ST-ZIP Tampa FL 33635

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN J. MCDADDE

3/4/00

Date

813902-0516

Daytime Phone #