

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000005541**

1. Entity Name

INNOVATIVE SURFACE TECHNOLOGIES, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90203 001 ***150.00

036970X

Principal Place of Business

Mailing Address

2717 SEVILLE BLVD
3305
CLEARWATER FL 337642717 SEVILLE BLVD
13305
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

2025 LAKE AVE.**2025 LAKE AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit D**Unit D**

City & State

City & State

Largo FLA 33771**Largo FLA**

Zip

Country

Zip

Country

33771**USA****33771****USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELL, JASON R
2717 SEVILLE BLVD 13305
CLEARWATER FL 33764Name **JASON R. Stell**
Street Address (P.O. Box Number is Not Acceptable)
2025 LAKE AVE
Unit D
City **Largo FLA** FL Zip Code **33771**

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

JASON R. Stell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/019. 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, 2001 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

TITLE **P** ☐ Delete
NAME **STELL, JASON REED**
STREET ADDRESS **2717 SEVILLE BLVD 13305**
CITY-ST-ZIP **CLEARWATER FL 33764**TITLE **President** ☒ Change ☐ Addition
NAME **JASON R. Stell**
STREET ADDRESS **2025 LAKE AVE LARGO FLA.**
CITY-ST-ZIP **Unit D 33771**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
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)(f), 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

JASON R. Stell**4/20/01**

Date

Daytime Phone #

0271
585-4448

CR2E034 (10/00)