

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90004 006 ***150.00

DOCUMENT # P99000018639

1. Entity Name

INNOPAQ, INC.

Principal Place of Business

**131 FIRST STREET, NW
LARGO FL 33770**

Mailing Address

**131 FIRST STREET, NW
LARGO FL 33770-3343**

2. Principal Place of Business

305 Hidden Lake Dr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRANDON FL

City & State

4. FEI Number

59-3561994

Applied For

Not Applicable

Zip
33571

Country
Hillsborough

Zip

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

**WINN, J. MARVIN
131 FIRST STREET, NW
LARGO FL 33770**

Name
Raymond A. Fluitsma

Street Address (P.O. Box Number is Not Acceptable)
305 Hidden Lake Dr

City
BRANDON

FL

Zip Code
33571

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

Raymond A. Fluitsma

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLUITSMA, RAY
131 FIRST STREET, NW
LARGO FL 33770**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Raymond A. Fluitsma
305 Hidden Lake Dr
BRANDON FL 33571**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:

Raymond A. Fluitsma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)