

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020629

1. Entity Name

INNOVATIVE DEVELOPERS, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90068 012 \*\*\*150.00

Principal Place of Business

Mailing Address

2212 N.E. 15TH AVE.  
WOLTON MANORS FL 33305

2212 N.E. 15TH AVE.  
WOLTON MANORS FL 33305-2309

2. Principal Place of Business

2212 NE 15th. AVE.

3. Mailing Address

2212 NE 15th. AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0900749

Applied For

Not Applicable

Zip

33305

Country

BROWARD

Zip

33305

Country

BROWARD

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

LUCAS, RAYMOND J ESQ.  
2929 E. COMMERCIAL BLVD., STE.501  
FT. LAUDERDALE FL 33308

Name

MARK J. TOLLIOS

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

2212 NE 15th. AVE.

City

FT. LAUDERDALE

FL

Zip Code

33305

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, 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 D  
NAME TOLLIOS, MARK J  
STREET ADDRESS 2212 N.E. 15TH AVE.  
CITY-ST-ZIP WOLTON MANORS FL 33305

☐ Delete

TITLE PRESIDENT  
NAME MARK J. TOLLIOS  
STREET ADDRESS 2212 NE 15th. AVE.  
CITY-ST-ZIP FT. LAUDERDALE, FL. 33305

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 OF MARK J. TOLLIOS

MARK J. TOLLIOS 3/16/00

954-594-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0314 (9/99)