

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90020 036 ***150.00

DOCUMENT # P99000053053
1. Entity Name

INNOVATE USA, INC.

Principal Place of Business	Mailing Address
2550 PALM BAY ROAD SUITE 211 PALM BAY, FL 32909	2550 PALM BAY ROAD SUITE 211 PALM BAY, FL 32909

2. Principal Place of Business	3. Mailing Address
2550 PALM BAY ROAD	2550 PALM BAY ROAD
Suite, Apt. #, etc. SUITE 211	Suite, Apt. #, etc. SUITE 211
City & State PALM BAY, FL	City & State PALM BAY, FL
Zip 32909	Country USA

4. FEI Number 65-0932101	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VICTOR'S KOSTRO
1325 RIVERVIEW DRIVE
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
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, 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	PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JAMES WILLISTON		NAME		
STREET ADDRESS	371 SAUDERS ROAD SE		STREET ADDRESS		
CITY - ST - ZIP	PALM BAY, FL 32909		CITY - ST - ZIP		
TITLE	SECRETARY	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MICHAEL ROGERS		NAME		
STREET ADDRESS	500 PAVILION DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NORTHAMPTON NN47YJ, ENGLAND		CITY - ST - ZIP		
TITLE	TREASURER	☒ Delete	TITLE		☒ Change ☐ Addition
NAME	MICHAEL ROGERS		NAME		
STREET ADDRESS	500 PAVILION DRIVE		STREET ADDRESS		
CITY - ST - ZIP	NORTHAMPTON NN47YJ, ENGLAND		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/25/00
Daytime Phone # _____

CR2E034 (9/99)