

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057585

1. Entity Name

INNOVATIVE IMAGING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90062 043 ***150.00

Principal Place of Business

Mailing Address

1901 MASON AVENUE, SUITE 104
DAYTONA BEACH FL 32117

1901 MASON AVENUE, SUITE 104
DAYTONA BEACH FL 32117-5105

2. Principal Place of Business

77 CUNNINGHAM DRIVE

3. Mailing Address

P.O. BOX 9476

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3582423

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32120

Country

USA

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

ANDREW B. BLASI, P.A.
7900 GLADES ROAD, SUITE 130
BOCA RATON FL 33434

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

TITLE D
NAME FENNELL, EDMOND J
STREET ADDRESS 275 INDIGO DRIVE #102
CITY-ST-ZIP DAYTONA BEACH FL 32114

☒ Delete

TITLE D
NAME CARTER, DAVID F
STREET ADDRESS 755 HAWKS RIDGE ROAD
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE D
NAME HANS, BRIAN F
STREET ADDRESS 1550 POPLAR DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Edmond J. Fennell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/2000 (904) 274-1177