

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State
 02-14-2001 90011 018 ***150.00

0246017

DOCUMENT # P99000060848

1. Entity Name

INNOVATIVE REPORTING GROUP, INC.

Principal Place of Business

Mailing Address

15 ISLE OF VENICE DRIVE, #12
 FORT LAUDERDALE FL 33301-1479

15 ISLE OF VENICE DRIVE, #12
 FORT LAUDERDALE FL 33301-1479

2. Principal Place of Business

3. Mailing Address

3900 Galt Ocean Drive

3900 Galt Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1516

1516

City & State

City & State

Fort Lauderdale FL

Fort Lauderdale FL

Zip

Country

Zip

Country

33308

USA

33308

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, ROBERT DALE
 15 ISLE OF VENICE DRIVE, #12
 FORT LAUDERDALE FL 33301-1479

Name Robert Dale Floyd

Street Address (P.O. Box Number is Not Acceptable)
 3900 Galt Ocean Drive #1516

City

Fort Lauderdale

FL

Zip Code

33308

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

Robert Dale Floyd Owner/President 2/9/01

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, 2001 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 FLOYD, ROBERT DALE
 STREET ADDRESS 15 ISLE OF VENICE DRIVE, #12
 CITY-ST-ZIP FORT LAUDERDALE FL 33301-1479 ☐ Delete

TITLE Robert Dale Floyd ☒ Change ☐ Addition
 NAME Robert Dale Floyd
 STREET ADDRESS 3900 Galt Ocean Drive #1516
 CITY-ST-ZIP Fort Lauderdale FL 33308 ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Dale Floyd 2/9/01 (954) 813-3253

CR2E034 (10/00)