

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90163 049 ***150.00

DOCUMENT # P99000074841

1. Entity Name

INNOVATIVE TOOL CONCEPTS, INC.

Principal Place of Business

17097 GLENVIEW AVE.

PORT CHARLOTTE FL 33954

Mailing Address

17097 GLENVIEW AVE.

PORT CHARLOTTE FL 33954

2. Principal Place of Business

347 Hudson Street

3. Mailing Address

P.O. Box 1076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Inglis, FL

City & State

Inglis, FL

Zip

34449

Country

Zip

34449

Country

4. FEI Number

65-0967408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, GEORGE E

17097 GLENVIEW AVE.

PORT CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name

Paul W. Owens

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

347 Hudson Street

City

Inglis

FL

Zip Code

34449

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, 2002 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 **DV**
NAME **MARKS, GEORGE E**
STREET ADDRESS **17097 GLENVIEW AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

☒ Delete

TITLE **DP**
NAME **OWENS, PAUL W**
STREET ADDRESS **347 HUDSON ST.**
CITY-ST-ZIP **INGLIS FL 34449**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 **DV**
NAME **John Brown**
STREET ADDRESS **P.O. Box 326**
CITY-ST-ZIP **Inglis, FL 34449**

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Owens 3/18/02 3524474285

Date

Daytime Phone #

CR2E034 (9/01)