

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000080241**1. Entity Name  
INNOVATIVE TECHNICAL SERVICES, INC.Principal Place of Business  
1501 1/2 S DALE MABRY HWY  
TAMPA FL 33629Mailing Address  
P O BOX 320921  
TAMPA FL 336792. Principal Place of Business  
1501 S. DALE MABRY HWY.3. Mailing Address  
P O BOX 320921Suite, Apt. #, etc.  
#103

Suite, Apt. #, etc.

City & State  
TAMPA FLCity & State  
TAMPA FLZip  
33629Country  
USZip  
33679Country  
US4. FEI Number  
59-3598033Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**JOHNSON KEITH M  
1501 1/2 S DALE MABRY HWY  
TAMPA FL 33629 US**7. Name and Address of New Registered Agent**Name  
JOHNSON KEITH M  
Street Address (P.O. Box Number is Not Acceptable)  
1501 S. DALE MABRY HWY.  
#103  
City TAMPA FL Zip Code  
33629

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 \_\_\_\_\_ 04/28/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	RANEY MARIE F	2498 STAG RUN BLVD.	CLEARWATER FL 33765		
V/D	RANEY KENNETH D	2498 STAG RUN BLVD.	CLEARWATER FL 33765		
P	JOHNSON KEITH M	3319 W. EMPEDRADO ST.	TAMPA FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D	RODRIGUEZ CARLOS R	3319 W. EMPEDRADO ST.	TAMPA FL 33629	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: CARLOS R. RODRIGUEZ**

CEO 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)