2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 009 ***150.00

DOCUMENT # P99000087692

1. Entity Name: Innovation Matters, Inc.

Principal Place of Business: 206 20th Avenue SE, St Petersburg, FL 33705

Mailing Address: Post Office Box 3840, St. Petersburg, FL 33731

2. Principal Place of Business	3. Mailing Address
206 20th Avenue SE	P.O. Box 3840
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg FL 33731
Zip: 33705 Country: U.S.A.	Zip: 33731 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3604833 ☐ Applied For ☐ Not Applicable

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
Lois A. Sears 206 20th Avenue SE St. Petersburg, FL 33705	Name: Street Address (P.O. Box Number is Not Acceptable): 206 20th Avenue SE City: St. Petersburg FL Zip Code: 33705

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: L. A. Sears Lois A. Sears DATE: 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lois A. Sears 206 20th Avenue SE St. Petersburg, FL 33705 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lois A. Sears 206 20th Avenue SE St. Petersburg, FL 33705 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: L.A.S — Date: 4/30/01 — Daytime Phone #: (727) 415-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR