

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000097307

1. Entity Name

INTERNET INNOVATIONS INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90082 021 ***150.00

Principal Place of Business

Mailing Address

4209 SW 15 AVE
CAPE CORAL FL 33914

4209 SW 15 AVE
CAPE CORAL FL 33914-5606

2. Principal Place of Business

4209 SW 15th Ave

3. Mailing Address

4209 SW 15th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

4. FEI Number

65-0962836

Applied For

☒ Not Applicable

Zip

33914

Country

USA

Zip

33914

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABELLA, JOSEPH
4209 SW 15 AVE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Sabella, Joseph

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

4209 SW 15th Ave

City

Cape Coral

FL

Zip Code

33914

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	owner	<input type="checkbox"/> Delete
NAME	Joseph Sabella	
STREET ADDRESS	4209 SW 15 th Ave	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	N/A	
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

4/18/00

Date

(941) 540-2361

Daytime Phone #

CR2E034 (9/99)