

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21624

1. Entity Name

INNOVATIVE PRODUCT TECHNOLOGIES, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90027 027 \*\*\*150.00

Principal Place of Business

Mailing Address

% PAMELA H. RIDDLE  
4131 NW 13 ST., SUITE 220  
GAINESVILLE FL 32609

% PAMELA H. RIDDLE  
4131 NW 13 ST., SUITE 220  
GAINESVILLE FL 32609-1863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3139205

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

RIDDLE, PAMELA H  
4131 NW 13 ST., SUITE 220  
GAINESVILLE FL 32609

name change  
due to  
marriage - see  
enclosed license

Name Pamela Sue ~~Riddle~~ Bird  
Street Address (P.O. Box Number is Not Acceptable)  
Same

City

FL

Zip Code

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

Pamela Sue Riddle Bird

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input type="checkbox"/> Delete
NAME	RIDDLE, PAMELA H.	marriage name change
STREET ADDRESS	412 NE 169 PL.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIDDLE, PAMELA H.	marriage name change
STREET ADDRESS	412 NE 169 PL.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Bird	Same
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Bird	Same
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pamela Sue Bird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/00

Daytime Phone #

2082655938

CR2E034 (9/99)

5216 24

00021774

Official should send this copy back to the County Recorder immediately. (Use typewriter and/or black ink.)

Vital Statistics  
P.O. Box 83720  
Boise, Idaho 83720-0036

**STATE OF IDAHO**

County of Bonner **Marriage License** State File No. 545345

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church, or denomination of Christians, Hebrews, or religious body of which said minister is a member, or any judge or magistrate, or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

GROOM Forrest Morton Bird AND BRIDE Pamela Sue Riddle

1. Full name Forrest Morton Bird 9. Full name Pamela Sue Riddle  
2. Address Sandpoint Bonner Idaho 10. Address Gainesville Alachua Florida  
3. Age 77 4. Race White 5. Single X 6. Widowed X 7. Divorced X 8. Maiden Name if previously married Hudek  
11. Age 42 12. Race White 13. Single X 14. Widowed X 15. Divorced X  
16. Birthplace: City Stoughton State Massachusetts 17. Birthplace: City Rolla State Missouri

And to certify the same to said parties, or either of them under the signature and seal of said minister or official capacity, and thereupon is required to deliver the original to the parties so married.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at Sandpoint Bonner County, Idaho, this 27th day of April, A.D. 1999

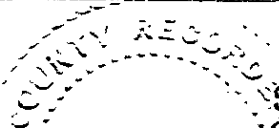
Marie Scott  
Recorder  
Peggy Schauer  
Deputy

**Marriage Certificate**

1. Barry Johnson a MINISTER residing in the city of Sage in the county of Bonner in the state of Idaho, do certify that, in accordance with the authority on me conferred by the above license, I did on this 27 day of MAY in the year A.D. 1999 in the city of Sage in the county of Bonner in the state of Idaho, solemnize the rites of matrimony between Forrest Morton Bird of Sandpoint in the county of Bonner of the state of Idaho and Pamela Sue Riddle of Gainesville in the county of Alachua of the state of Florida in the presence of BARBARA ROWLAND and ROBERT C. LEFONE WITNESS my hand at the county aforesaid, this 27 day of MAY, A.D. 1999

In the presence of Barry Johnson Official's Signature Barry Johnson  
and Robert C. LeFone Official's Mailing Address 2115 COMEBACK LN  
Sage, ID 83860

Marie Scott  
by P. Schauer



**STATE OF IDAHO**  
County of Bonner

I, Marie Scott, County Recorder in and for the county and state aforesaid, do hereby certify that the foregoing instrument is a true and correct copy of the original thereof recorded in my office by instrument number 545345

Witness my hand and official seal, the 7 day of Sept. 19 99

Marie Scott, County Recorder  
By P. Schauer Deputy