

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90011 042 \*\*\*150.00

**DOCUMENT # S23608**  
 1. Entity Name  
**INNOVATIONS IN STAIRS, INC.**

Principal Place of Business 3700 NW 124TH AVE BAY #111 CORAL SPRINGS FL 33065 US	Mailing Address 3700 NW 124TH AVE BAY #111 CORAL SPRINGS FL 33065-2431 US
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2. Principal Place of Business <b>3840 N.W. 126th AVE.</b> Suite, Apt. #, etc. <b>Coral Springs</b> City & State <b>FL.</b> Zip <b>33065</b> Country	3. Mailing Address <b>3840 N.W. 126th AVE.</b> Suite, Apt. #, etc. <b>Coral Springs</b> City & State <b>FL.</b> Zip <b>33065</b> Country
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DO NOT WRITE IN THIS SPACE

4. FEI-Number <b>65-0238984</b>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RIZZUTO, PETER</b> <b>3700 N.W. 124TH AVE. BAY # 111</b> <b>CORAL SPRINGS FL 33065</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>RIZZUTO, PETE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIZZUTO, PETE</b>		NAME	
STREET ADDRESS <b>12344 NW 27TH PLACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIZZUTO, SHANON</b>		NAME	
STREET ADDRESS <b>11862 WEST SAMPLE RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** Peter Rizzuto **SIGNATURE REQUIRED** Peter Rizzuto **5-2-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)