

2000 UNIFORM BUSINESS REPORT (UBR)

10F3

DOCUMENT # V41724

1. Entity Name

INNOVATIVE SYSTEMS AND TECHNOLOGIES CORPORATION

Principal Place of Business

4915 W CYPRESS
SUITE 110
TAMPA FL 33607
US

Mailing Address

4915 W CYPRESS
SUITE 110
TAMPA FL 33607
US

2345 ANNIL ST. N.
ST. PETERSBURG FL 33710
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ANUL ST. N. AUG -2 AM 9:55



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3128534

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOKOL, STEVEN J

4915 W CYPRESS ST SUITE 110
TAMPA FL 33607

2345 ANNIL ST. N.
ST. PETERSBURG FL 33710

Name

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME KLEINER, MARTIN H.
STREET ADDRESS 8406 FLAGSTONE DR.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME 800003361548
STREET ADDRESS -08/18/00--01009--008
CITY-ST-ZIP ****150.00 ****150.00 ☐ Change ☐ Addition

TITLE P
NAME EMERICK, JAMES P.
STREET ADDRESS 4915 W CYPRESS ST STE 110
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME 2345 ANNIL ST. N.
STREET ADDRESS ST. PETERSBURG FL 33710
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME WOLFINGTON, JAY R.
STREET ADDRESS 4915 W CYPRESS ST STE 110
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME SOKOL, STEVEN J
STREET ADDRESS 4915 W CYPRESS ST SUITE 110
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME AS ABOVE
STREET ADDRESS
CITY-ST-ZIP ☒ 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

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
SOKOL CFO 7/26/00 727-347-4200
Date Daytime Phone #

CR2E034 (5/00)