

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64419

1. Entity Name
INNOVATIVE MARINE, INC.

Principal Place of Business
8780 126TH AVE., NO.
UNIT E
LARGO FL 33773
US

Mailing Address
8780 126TH AVE., NO.
UNIT E
LARGO FL 33773
US

2. Principal Place of Business
2058 34TH WAY N.
Suite, Apt. #, etc.

3. Mailing Address
2058 34TH WAY N.
Suite, Apt. #, etc.

City & State
LARGO FLORIDA
Zip 33771 Country PINELLAS

City & State
LARGO FLORIDA
Zip 33771 Country PINELLAS

4. FEI Number 59-3144394

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

BALLOW, JOSEPH R
8361 44TH STREET NORTH
PINELLAS PARK FL 33781

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 Joseph R. Ballow President DATE 4-26-01
Signature, typed, 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	D	<input checked="" type="checkbox"/> Delete
NAME	BALLOW, WILLIAM DANIEL	
STREET ADDRESS	2317 EMPEROR DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PST	<input type="checkbox"/> Delete
NAME	BALLOW, JOSEPH R	
STREET ADDRESS	8361 44TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDY L BALLOW	
STREET ADDRESS	8361 44 ST N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
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		
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:

Joseph R. Ballow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
Date

727-532-4044
Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90167 030 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)