

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 033 ***150.00

DOCUMENT # F99000000151

1. Entity Name
INNOVATIVE SERVICE TECHNOLOGY MANAGEMENT SERVICE

Principal Place of Business 225 PEACHTREE STREET, N.E. SUITE 2200 ATLANTA, GA 30303-1406	Mailing Address 235 PEACHTREE STREET, N.E. SUITE 2200 ATLANTA GA 30303-1406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2303739		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ DATE _____
Signature, typed or 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P	BLACKMAN, HAL 110 ALEXANDRIA CT FAYETTEVILLE GA 30214	<input type="checkbox"/> Delete	TITLE	V/S Joseph Carroll	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	STREET ADDRESS		NAME	2967 Nestle Creek Drive	
ST-ZIP	CITY-ST-ZIP		STREET ADDRESS	Marietta GA 30062	
			CITY-ST-ZIP		
V	JENKINS, BRAD 1487 EVANSTON LANE MARIETTA GA 30062	<input checked="" type="checkbox"/> Delete	TITLE	D Ike Reighard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS	STREET ADDRESS		NAME	235 Peachtree St NE # 2200	
ST-ZIP	CITY-ST-ZIP		STREET ADDRESS	Atlanta GA 30303	
			CITY-ST-ZIP		
ST	JENKINS, W G 315 SILHOUETTE CT ALPHARETTA GA 30004	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	STREET ADDRESS		NAME		
ST-ZIP	CITY-ST-ZIP		STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: _____ DATE: 4/10/2000 DAYTIME PHONE #: 404-582-6857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)