

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 025 ***150.00

DOCUMENT # **F99000004136**

1. Entity Name
INNOVATIVE ELECTRICAL SYSTEMS, INC.

Principal Place of Business
7550 W. YALE AVE., SUITE B-130
DENVER CO 80227

Mailing Address
7550 W. YALE AVE., SUITE B-130
DENVER CO 80227

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
84-1485635

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$9.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YINGLING, ROBERT S SR.
3149 PRUITT ROAD
PORT ST. LUCIE FL 34952

Name **FRANK FAZIO**
 Street Address (P.O. Box Number is Not Acceptable)
9715 N.W. 83RD ST.
 City **TAMARAC** FL Zip Code **33321**

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 **FRANK FAZIO**

Frank A Fazio 4-24-02
 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, 2002, 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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FAZIO, VINCENT DENNIS	
STREET ADDRESS	2789 W. 104TH PLACE	
CITY-ST-ZIP	WESTMINSTER CO 80234	
TITLE	V	<input type="checkbox"/> Delete
NAME	YINGLING, LESLIE ELMER	
STREET ADDRESS	8093 W. ILIFF LANE	
CITY-ST-ZIP	LAKEWOOD CO 80227	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *V. Dennis Fazio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2002

Date

303-988-9305

Daytime Phone #

11/03/02 10:00 AM