

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90012 047 \*\*\*150.00

**DOCUMENT # P94000022345**  
 1. Entity Name  
**INNOVATED SOFTWARE SOLUTIONS, INC.**

Principal Place of Business      Mailing Address  
**1208 BAXTER DRIVE**      **1208 BAXTER DRIVE**  
**PLANO TX 75025-2855**      **PLANO TX 75025-2855**

2. Principal Place of Business      3. Mailing Address  
**3409 Marsalis Lane**      **3409 Marsalis Lane**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Plano, TX**      **Plano, TX**  
 Zip      Country      Zip      Country  
**75074**      **USA**      **75074**      **USA**

4. FEI Number      Applied For  
**59-3231238**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LEE, PAMELA**  
**1754 BRANCH VINE DRIVE W.**  
**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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 \$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.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>MADDOX, DIANNA</b>	
STREET ADDRESS	<b>1208 BAXTER DRIVE</b>	
CITY-ST-ZIP	<b>PLANO TX 75025-2855</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3409 Marsalis Lane</b>	
CITY-ST-ZIP	<b>Plano, TX 75074</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Maddox</b>	
STREET ADDRESS	<b>3409 Marsalis Lane</b>	
CITY-ST-ZIP	<b>Plano, TX 75074</b>	
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)(1), 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 officers or directors.

SIGNATURE: Michael Maddox      Date: April 17, 2000      Daytime Phone #: 972-766-7260

CR2E034 (9/99)