

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90013 002 \*\*\*250.00  
 09-29-2002 90013 001 \*\*\*500.00

**DOCUMENT # P01000016509**

1. Entity Name  
**INGOLD ELECTRIC, INC.**

Principal Place of Business      Mailing Address  
**3304 DUTCHESS DRIVE      3304 DUTCHESS DRIVE**  
**NAPLES FL 34112      NAPLES FL 34112**

90928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2298 Royal Ln      2298 Royal Ln**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Naples, FL      Naples, FL**

4. FEI Number      Applied For  
**65-1077323**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75** Additional Fee Required  
**34112      Collier      34112      Collier**

6. Name and Address of Current Registered Agent  
**STEWART, JAMES C JR.**  
**2121 COUNTY ROAD 951**  
**SUITE 101**  
**GOLDEN GATE FL 34116-6543**

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. I am familiar with, and accept the obligations of registered agent.

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.  **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee 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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INGOLD, EDWARD</b>	NAME	
STREET ADDRESS	<b>3304 DUTCHESS DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Edward Ingold      9-12-02      941-272-2580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)