

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90394 043 ***150.00

0539052 AV

DOCUMENT # P01000016509

1. Entity Name
INGOLD ELECTRIC, INC.



Principal Place of Business
2298 ROYAL LANE
NAPLES FL 34112

Mailing Address
2298 ROYAL LANE
NAPLES FL 34112

2. Principal Place of Business
2298 Royal Ln.

3. Mailing Address
←

Suite, Apt. #, etc.

City & State
NAPLES, FL.

City & State
←

4. FEI Number 65-1077323

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STEWART, JAMES C JR.~~
~~2121 COUNTRY ROAD 951~~
~~SUITE 101~~
~~GOLDEN GATE FL 33116 6543~~

7. Name and Address of New Registered Agent

Name Same as #2

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGOLD, EDWARD 3304 DUTCHESS DRIVE NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Ingold* **REQUIRE** Edward Ingold

4-27-03 239-270-2580

DATE DAYTIME PHONE #



CHECK HERE IF MAKING CHANGES

CP2E034 (10/02)