

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

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90110 007 \*\*\*158.75

**DOCUMENT # 319181**

1. Entity Name

INGLE ENTERPRISES, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1944 BROWARD ROAD

Suite, Apt. #, etc.

3. Mailing Address

1944 BROWARD ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-1174555

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

ETHEL H INGLE NEW AGENT

Street Address (P.O. Box Number is Not Acceptable)

1944 BROWARD RD

City

JACKSONVILLE

FL

Zip Code

32218

**DO NOT WRITE  
IN THIS SPACE**

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

*Ethel H. Ingle by Willis Cat P.O.A.*

4/2/03

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

(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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 PD  
NAME INGLE, LOUIE A DELETE  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D  
NAME INGLE, ETHEL H  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME INGLE, ETHEL H  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE T DELETE  
NAME INGLE, LOUIE A  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE PD  
NAME INGLE, ETHEL H CHANGE  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DO NOT WRITE  
IN THIS SPACE**

TITLE ST  
NAME INGLE, ETHEL H CHANGE  
STREET ADDRESS 1944 BROWARD RD  
CITY-ST-ZIP JACKSONVILLE, FL 32218

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ethel H. Ingle by Willis Cat P.O.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)