

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 479577**

1. Entity Name

INGE WILLIS ENTERPRISES, INC.

Principal Place of Business

P O BOX 533
NEWBERRY FL 32669-7533
US

Mailing Address

P O BOX 533
NEWBERRY FL 32669-0533
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1606165

Applied For

Not Applied

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

6. Name and Address of Current Registered Agent

WILLIS, MICHAEL I
25720 W. NEWBERRY RD.
NEWBERRY FL 32669

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

Signature, typed or printed name of registered agent and title 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing **\$5.00**
Trust Fund Contribution ☐ Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WILLIS, MICHAEL	P.O. BOX 533 NA	NEWBERRY FL	<input type="checkbox"/>
VP	WILLIS, CHAD	P.O. BOX 533 NA	NEWBERRY FL	<input type="checkbox"/>
S	MAGUERITE, WILLIS	P.O. BOX 533 NA	NEWBERRY FL 32669	<input type="checkbox"/>
T	WILLIS, MARGUERITE	P.O. BOX 533 NA	NEWBERRY FL	<input type="checkbox"/>
AT	WILLIS, MIKE	P.O. BOX 533 NA	NEWBERRY FL	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90046 041 ***150.00



DO NOT WRITE IN THIS SPACE

1-352-47
3161