

2001 UNIFORM BUSINESS REPORT (UBR)/ AMENDMENT

DOCUMENT # 489172 (7)
1. Entity Name: INGAY, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2160 NE 123 St. N. Miami Beach, FL 33181
Mailing Address: 2160 NE 123 St. N. Miami Beach, FL 33181

2. Principal Place of Business: Suite, Apt. #, etc.
City & State: City & State
Zip: Zip Country: Country

4. FEI Number: 59-1649419 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: JACOBSEN, INGE
2160 NE 123 St.
N. Miami Beach, FL 33181

7. Name and Address of New Registered Agent: Name: GAYLORD GLADDEN
Street Address (P.O. Box Number is Not Acceptable): 2160 NE 123 St.
City: N. Miami Beach FL Zip Code: 33181

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: X Gaylord Gladden DATE: 10/19/01
(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐
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: VP/D NAME: GLADDEN, INGE STREET ADDRESS: 1659 James Avenue CITY-ST-ZIP: Miami Beach, FL 33139	☐ Delete	TITLE: VP/T/D NAME: GLADDEN, INGE STREET ADDRESS: 2160 NE 123 St. CITY-ST-ZIP: N. Miami Beach, FL 33181	☒ Change ☐ Addition
TITLE: D NAME: GLADDEN, GAYLORD STREET ADDRESS: 1659 James Ave CITY-ST-ZIP: Miami Beach, FL 33139	☐ Delete	TITLE: P/D NAME: GLADDEN, GAYLORD STREET ADDRESS: 2160 NE 123 St. CITY-ST-ZIP: N. Miami Beach, FL 33181	☒ Change ☐ Addition
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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: X Gaylord Gladden DATE: 10/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR