

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U3R)

DOCUMENT # 489172

1. Entity Name
INGAY, INC.



APPROVED
AND
FILED

03 MAY -7 AM 7:03

Principal Place of Business
2160 NE 123 ST
NORTH MIAMI BEACH FL 33181

Mailing Address
2160 NE 123 ST
NORTH MIAMI BEACH FL 33181

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

GLADDEN, GAYLORD
290-174 STREET #801
MIAMI BEACH FL 33160

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 *x Gaylord Gladden*
Signature, typed or printed name of registered agent and title if applicable.

Gaylord Gladden
(NOTE: Registered Agent signature required when reinstating)

DATE
4-13-03

☒ 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 Trust Fund Contribution. ☒ \$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
VTD
GLADDEN, INGE
2160 NE 123 ST
NORTH MIAMI BEACH FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300020418843
06/03/03--01041--010 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GLADDEN, GAYLORD
2160 NE 123 ST
NORTH MIAMI BEACH FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300020418843
06/03/03--01041--011 **\$150.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *x Gaylord Gladden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gaylord Gladden

Date

Daytime Phone #

CR2E034 (10/02)