

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90737 037 ***158.75

DOCUMENT # 655990

1. Entity Name
INGE CORP.



Principal Place of Business
**9409 US 19
SUITE 229
PORT RICHEY FL 34668
US**

Mailing Address
**9409 US 19
SUITE 229
PORT RICHEY FL 34668
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **50-1984689-14-1854418**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILOTES, ARISTIDES
2115 HICKORY GATE DRIVE, EAST
DUNEDIN FL 34698**

Name

CARHELO RUSSO

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

1144 KINGSWAY LANE

City

TARPON SPRINGS FL

Zip Code

34688

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

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

(NOTE: Registered Agent signature required when reinstating)

3/6/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MILOTES, ARISTIDES**
STREET ADDRESS **2115 HICKEORY GATE DR.E.**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **CARHELO RUSSO**
STREET ADDRESS **1144 KINGSWAY LANE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **S** ☐ Delete
NAME **MILOTES, LOUISE M**
STREET ADDRESS **2115 HICKORY GATE DR. E.**
CITY-ST-ZIP **DUNEDIN FL 34688**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **CAROL ANN RUSSO**
STREET ADDRESS **1144 KINGSWAY LANE**
CITY-ST-ZIP **TARPON SPRINGS FL 34688**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

CARHELO RUSSO

3/6/03

Date

727-560-8148

Daytime Phone #

CR2E034 (10/02)