

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90127 022 ***150.00

DOCUMENT # F99000001973

Entity Name
INGLE MARTIN & ASSOCIATES, INC.

Principal Place of Business

**3691 NW 124TH AVE
 POMPANO BEACH FL 33065**

Mailing Address

**3691 NW 124TH AVE
 POMPANO BEACH FL 33065**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3691 NW 124th Ave

Mailing Address

3691 NW 124th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

58-2279821

Applied For

Not Applicable

Zip

33065

Country

US

Zip

33065

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DENNIS D

3691 NW 124TH AVE

POMPANO BEACH FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	INGLE, KEVIN L	
STREET ADDRESS	5064 ROSWELL RD, STE C-101	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPPS, C B	
STREET ADDRESS	5064 ROSWELL RD, STE C-101	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, DENNIS D	
STREET ADDRESS	6971 W. SUNRISE BLVD., STE 104	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOY, CHRISTOPHER E	
STREET ADDRESS	10724 CARMEL COMMONS BLVD #550	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLE, KEVIN L	
STREET ADDRESS	750 HAMMOND DR. BLDG 19	
CITY-ST-ZIP	ATLANTA, GA 30328	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPS, C B	
STREET ADDRESS	750 HAMMOND DR BLDG 19	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin, Dennis	
STREET ADDRESS	3691 NW 124th Ave	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)