2002 Uniform Business Report (UBR)

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

Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # G61883 1. Entity Name 03-27-2002 90085 018 ***150.00 INCIA, INC. Principal Place of Business Mailing Address 2519 WHISPERING PALMS LOOP 2519 WHISPERING PALMS LOOP CHULA VISTA CA. 91915 CHULA VISTA CA 91915 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2371107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAMBAUGH, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 99 SIXTH ST., S.W. WINTER HAVEN FL 33880 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition EDMISTON, M. D. NAME NAME STREET ADDRESS STREET ADDRESS 2519 WHISPERING PALMS LOOP CITY-ST-7IP CITY-ST-ZIP CHULA VISTA CA TITLE ☐ Delete ☐ Change ☐ Addition DST NAME **EDMISTON, PATRICIA A** NAME STREET ADDRESS STREET ADDRESS 2519 WHISPERING PALMS LOOP CITY-ST-ZIP CITY-ST-ZIP CHULA VISTA CA TITLE____ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

419-421-3241

FILED