2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90239 001 ***450.00

DOCUMENT # L45437

1. Entity Name
INGHAM & COMPANY

55UU2073

Principal Place of Business	Mailing Address
1570 MADRUGA AVE.. SUITE 400 CORAL GABLES FL 33146	1570 MADRUGA AVE.. SUITE 400 CORAL GABLES FL 33146

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9155 S. DADELAND BLVD	9155 S. DADELAND BLVD.
Suite, Apt. #, etc. STE # 1512	Suite, Apt. #, etc. STE #1512
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33156 Country	Zip 33156 Country

4. FEI Number 65-0170152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INGHAM, KENNETH G.
1570 MADRUGA AVE
4TH FLOOR
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name INGHAM, KENNETH G.
Street Address (P.O. Box Number is Not Acceptable) 9155 S. DADELAND BLVD.
STE. 1512
City MIAMI FL Zip Code 33156

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 _____ 1/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC INGHAM, KENNETH G. 1570 MADRUGA AVE. 4TH FL CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EICHBERG, MARC J 1570 MADRUGA AVE, SUITE 400 CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S INGHAM, LINDA M 1570 MADRUGA AVE, SUITE 400 CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDERTON, GEORGE E. 1570 MADRUG AVE. 4TH FL CORAL GABLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 1/10/03 (305)671-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #