

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55386

1. Entity Name

THE INGA ELLZEY PRACTICE GROUP, INC.

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90569 001 ***150.00

03-01-2001 90569 002 *****8.75

Principal Place of Business

Mailing Address

C/O INGEBOG C. ELLZEY
1398 S.R. 436
CASSELBERRY FL 32707
US

C/O INGEBOG C. ELLZEY
1398 S.R. 436
CASSELBERRY FL 32707
US

63279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1211 Semoran Blvd. #171
Suite, Apt. #, etc.

1211 Semoran Blvd
Suite, Apt. #, etc.

Casselberry, FL 32707-6442 #171
City & State

Casselberry, FL
City & State

4. FEI Number 59-2997438

Applied For
Not Applicable

Zip Country

Zip Country
32707-6442 US

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

ELLZEY, INGEBOG C.
1398 S.R. 436
CASSELBERRY FL 32707

Name ELLZEY, Ingeborg C
Street Address (P.O. Box Number is Not Acceptable)
1211 Semoran Blvd
City Casselberry FL Zip Code 32707-6442

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)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ELLZEY, INGEBOG, C
STREET ADDRESS 1340 GROVE TERRACE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME ELLZEY, KARL M.
STREET ADDRESS 4316 SUNTREE BLVD
CITY-ST-ZIP ORLANDO FL 32817

TITLE VP
NAME ELLZEY, KARL M.
STREET ADDRESS 14002 Magnolia Glen Circle
CITY-ST-ZIP Orlando, FL 32828

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

407-678-4609

Daytime Phone #

CR2E034 (10/00)