

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000383

1. Entity Name  
INPRES, L.C.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business  
3441 S.E. COURT DRIVE  
STUART FL

Mailing Address  
3441 S.E. COURT DRIVE  
STUART FL 34997-6013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 Halton Rd  
Suite, Apt. #, etc.  
14G

3. Mailing Address

660 Halton Rd  
Suite, Apt. #, etc.  
14G

City & State  
Greenville SC

City & State  
Greenville SC

Zip  
29607

Country

Zip  
29607

Country

4. FEI Number 65-0508717

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RUTLAND, LEONARD JR.  
10 CENTRAL PARKWAY  
SUITE 350  
STUART FL

Save Agent /  
New Address

7. Name and Address of New Registered Agent

Name Rutland, Leonard Jr  
Street Address (P.O. Box Numbers Not Acceptable)  
759 S.E. Federal Hwy  
City Stuart, FL FL Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM BUCHANAN, BARBARA 3441 S.E. COURT DRIVE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM BUCHANAN, JAMES R 3441 S.E. COURT DRIVE STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM Buchanan, Barbara 660 Halton Rd #14G Greenville SC 29607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM Buchanan, James R. 660 Halton Rd #14G Greenville SC 29607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100003127051--4 -02/08/00--01045--003 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

864-281-9609  
1/21/2000

CR2E083 (9/99)