

2001 UNIFORM BUSINESS REPORT (UBR)

0031876 SP

DOCUMENT # **L94000000383**

1. Entity Name
INPRES, L.C.

FILED

01 FEB 19 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**660 HALTON ROAD, SUITE 14G
GREENVILLE FL 29607**

Mailing Address
**660 HALTON ROAD, SUITE 14G
GREENVILLE FL 29607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
77 STARBOARD TACK DR

3. Mailing Address
77 STARBOARD TACK DR

City & State
SALEM, SC

City & State
SALEM, SC

Zip
29676

Country
USA

Zip
29676

Country
USA

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.
759 S.E. FEDERAL HIGHWAY
STUART FL**

7. Name and Address of New Registered Agent

Name

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

City **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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE **600003745636--9**
-02/21/01--01081--021
*******50.00 *****50.00**

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 660 HALTON ROAD, SUITE 14G GREENVILLE FL 29607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUCHANAN, JAMES R 660 HALTON ROAD, SUITE 14G GREENVILLE FL 29607	<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 77 STARBOARD TACK DR SALEM, SC 29676	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUCHANAN, JAMES R. 77 STARBOARD TACK DR. SALEM, SC 29676	<input checked="" 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
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: **Barbara Buchanan** **2-13-01** **864-944-7503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)