

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008853**

1. Entity Name
INA INVESTMENTS, L.L.C.

Principal Place of Business

**ORANGE CO. FL.
ORLANDO FL 32833**

Mailing Address

**444 RAWLES AVENUE
ORLANDO FL 32833**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2557 WEST ST.

Suite, Apt. #, etc.

City & State

HERNANDO MS.

Zip

Country

Zip

Country

38632 USA

4. FEI Number

65-0924191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR.
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT) 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 **MGRM** ☐ Delete
NAME **ANDREWS, IRVIN A**
STREET ADDRESS **2557 WEST STREET**
CITY-ST-ZIP **HERNANDO MS 38632**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **IRVIN A. ANDREWS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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