

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90214 001 ****70.00

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DOCUMENT # NO1000002343

1. Entity Name

I G W A T INCORPORATED



Principal Place of Business

**2113 PORT MALABAR BLVD NE
PALM BAY FL 32905**

Mailing Address

**2113 PORT MALABAR BLVD NE
PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3715066**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MAIR, DEVAN C
2113 PORT MALABAR BLVD NE
PALM BAY FL 32905**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAIR, DEVAN C	
STREET ADDRESS	2113 PORT MALABAR BLVD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, BONITA	
STREET ADDRESS	PO BOX 7019	
CITY-ST-ZIP	ROCKLEDGE FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSBURG, PAUL	
STREET ADDRESS	1773 PINE WOOD DR	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMAN, MAELHA	
STREET ADDRESS	1281 SO HICKORY ST	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, DANIELL	
STREET ADDRESS	2113 PARK MALABAR BLVD.NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, EZELLA	
STREET ADDRESS	165 N BABARK	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(Correction)
STREET ADDRESS	Gorman, Martha
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark-Jones, Makia
STREET ADDRESS	548 Arcadia Ave NE
CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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**

3/8/03 (321) 733-1248

CR2E037 (10/02)