

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 040 ***150.00

DOCUMENT # P00000113832

1. Entity Name
LEE INGARDI, INC.



Principal Place of Business
19116 SW 5TH STREET
PEMBROKE PINES FL 33029

Mailing Address
19116 SW 5TH STREET
PEMBROKE PINES FL 33029

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

65-1065510

Applied For

Not Applicable

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

INGARDI, LEE
19116 SW 5TH STREET
PEMBROKE PINES FL 33029

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.

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **INGARDI, LEE**
STREET ADDRESS **19116 SW 5TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

Date

954-432-2870

Daytime Phone #

CR2E034 (5/01)

Attachment DOC# P000000113832
DEAR DIVISION OF CORPORATIONS, BDD/4761

PLEASE EXCUSE ME
FOR MY OVERSIGHT IN NOT PAYING
MY FEE BY MAY 1ST. THIS IS MY
FIRST TIME AS A CORPORATION, AND
I WAS UNAWARE OF THE MAY 1ST
DEADLINE.

My work requires I travel
and during the May time period
I was traveling overseas and
here in the U.S. for several weeks
in a row, and perhaps I did not
pay attention to the details of
starting a new business.

PLEASE FORGIVE
ME FOR THIS OVERSIGHT ON MY
PART

THANK YOU
Lee Ingard
LEE INGARD