

AMENDED

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV -8 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008898981
11/08/02--01124--003 **61.25

DOCUMENT # P01000095567

1. Entity Name

J. ASHER TINGLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1125 SW 45TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

1125 SW 45TH TERRACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33914

Country

USA

Zip

33914

Country

USA

4. FEI Number

65-1144692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAN TINGLE

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

1125 SW 45TH TERRACE

City

CAPE CORAL

FL

Zip Code

33914

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

Jan Tingle

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

(NOTE: Registered Agent signature required when re-registering)

11/7/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE	PS
NAME	J. ASHER TINGLE
STREET ADDRESS	1125 SW 45TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	V
NAME	DOM IZZO
STREET ADDRESS	1125 SW 45TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	T
NAME	JAN TINGLE
STREET ADDRESS	1125 SW 45TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

Jan Tingle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/02 239-S63-2036
Date: Daytime Phone #

CR2E034B (12/01)