

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024209

1. Entity Name

INGRID & ASSOCIATES INSURANCE, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90284 027 \*\*\*158.75

Principal Place of Business

Mailing Address

450 S. MILITARY TRAIL  
STE F  
WEST PALM BEACH FL 33415  
US

450 S. MILITARY TRAIL  
STE F  
W PALM BEACH FL 33416-5638  
US

2. Principal Place of Business

3. Mailing Address

102 MAPLEWOOD Dr

102 MAPLEWOOD Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. P. B., FL

W. P. B., FL

Zip

Country

Zip

Country

33415

PO

33415

4. FEI Number 65-0486432

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

DATENA, INGRID  
102 MAPLEWOOD DRIVE  
W PALM BEACH FL 33415

Name INGRID DATENA

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

City W. P. B.

FL

Zip Code 33415

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PSTD  
NAME DATENA, INGRID  
STREET ADDRESS 102 MAPLEWOOD DRIVE  
CITY-ST-ZIP W PALM BEACH FL 33415 ☐ Delete

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

TITLE VP  
NAME DARINO, ALBA  
STREET ADDRESS 2562 NORTH GARDEN DR. BLK 10 APT. 103  
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

1-10-2000 (561) 697-2351

Date

Daytime Phone #

CR2E034 (9/99)