04-11-2003 90208 024 ***150.00

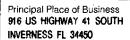
FILED Apr 11, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P95000069313

DOCUMENT #

1. Entity Name INVERNESTORS, INC.



Mailing Address

916 US HIGHWAY 41 SOUTH INVERNESS FL 34450

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip



CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 59-3334266

Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DUTEAU, MARIA R 916 US HIGHWAY 41 SOUTH **INVERNESS FL 34450**

Street Address (P.O. Box	Number is	Not Accer	table)	

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

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.

Name

City

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition TUFTS, LYNDA B NAME NAME STREET ADDRESS 8941 DEVILS NECK RD STREET ADDRESS FLORAL CITY FL 34436 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change GRIMNES, DORIS L LORRECTION LORINUES, DORIS NAME NAME IN NAME) STREET ADDRESS **103 S SUNSET TERRACE** STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34450** CITY-ST-ZIP Delete --Title - Jacob - Change - Addition TITLE ROGERS, ANN NAME NAME 1247 SOUTH ESTATE POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34450 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition HERB. MORRICE S NAME NAME 6018 S FLORIDA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLORAL CITY FL 34436 CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition LAPIANA, MARY C NAME NAME 218 CHAMPION AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INVERNESS FL 34452 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 607, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE.

NAME

STREET ADDRESS

CITY-ST-7/P

BEQUANTEROGER TREASURER

Delete

☐ Change

☐ Addition