

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096136

1. Entity Name

IGC NATIONAL CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90053 047 ***150.00

Principal Place of Business
 1240 W 13TH ST
 RIVIERA BEACH FL 33404
 US

Mailing Address
 P O BOX 10872
 RIVIERA BEACH FL 33419-0872
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 600 Sandtree Drive #210A
 Suite, Apt. #, etc.
 Palm Beach Gardens
 City & State
 FL
 Zip
 33403
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0633654 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 RHUDY, DOUGLASS E
 1240 W 13TH ST, P O BOX 10872
 RIVIERA BEACH FL 33419

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.

SIGNATURE _____ (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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHUDY, DOUGLASS E		NAME		
STREET ADDRESS	8130 WOODSMUIR DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DOUG E. RHUDY, PRES. Date: 4/30/00 Daytime Phone #: 561 8420828

CR2E034 (9/99)