

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004613

1. Entity Name
INVINCASHIELD, INCORPORATED

Principal Place of Business
658 E LAKE DR
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
658 E. LAKE DR
ALTAMONTE SPRINGS FL 32701-5412

2. Principal Place of Business
313 9th Street
Suite, Apt. #, etc.

3. Mailing Address
313 9th Street
Suite, Apt. #, etc.

City & State
North Wilkesboro NC
Zip
28659
Country
USA

City & State
North Wilkesboro NC
Zip
28659
Country
USA

4. FEI Number 59-3360324

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SELIGMAN, ARTHUR L
658 E. LAKE DR
ALTAMONTE SPRINGS FL 32701-5412

7. Name and Address of New Registered Agent

Name Edward F. Greene
Street Address (P.O. Box Number is Not Acceptable)
216 Fairway Drive
City Wilkesboro 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELIGMAN, ARTHUR L 658 E. LAKE DR. ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO SELIGMAN, MORTON J 525 VIA VERMONT 202 ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edward F. Greene 216 Fairway Lane Wilkesboro NC 28697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Stephen B. Greene 18 B Fairway Lane Wilkesboro NC 28697	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Christopher D. Lane 312 9th Street N. Wilkesboro NC 28659	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Thomas Bell 313 9th Street N. Wilkesboro NC 28659	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bart Hayes D Highway 268 East N. Wilkesboro NC 28659	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90055 030 ***550.00



DO NOT WRITE IN THIS SPACE

000/346 AV

CR2E034 (5/01)

Christopher D. Lane, Secretary 7/31/01 336 838-1111