

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90024 001 \*\*\*150.00

**DOCUMENT # P96000067790**

1. Entity Name  
**I.G.A.I. INC.**



Principal Place of Business  
**216 SE 19TH TER  
CAPE CORAL FL 33904**

Mailing Address  
**216 SE 19TH TER  
CAPE CORAL FL 33904**



2. Principal Place of Business

**1031 CAPE CORAL PARKWAY**

Suite, Apt. #, etc.

**204**

3. Mailing Address

**P.O. BOX 100488**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL FL**

City & State  
**CAPE CORAL, Florida**

4. FEI Number **65-0692029**

Applied For  
Not Applicable

Zip  
**33904**

Country  
**Lee**

Zip  
**33910**

Country  
**Lee**

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

6. Name and Address of Current Registered Agent

**CHUBOKAS, TOM  
216 SE 19TH TER  
CAPE CORAL FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **CHUBOKAS, TOM**  
STREET ADDRESS **216 SE 19TH TER**  
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Thomas Chubokas**

**01-06-03**

**239-540-2142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)