

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90414 038 ***150.00

DOCUMENT # P97000076802

1. Entity Name

INACO, INC.

Principal Place of Business

1466 ENTERPRISE-OSTEEN RD
ENTERPRISE FL 32725

Mailing Address

1466 ENTERPRISE-OSTEEN RD
ENTERPRISE FL 32725

2. Principal Place of Business

27 S HWY 17-92

Suite, Apt. #, etc.

2

3. Mailing Address

27 S HWY 17-92

Suite, Apt. #, etc.

2

City & State

DeBary

City & State

DeBary

Zip

32713

Country

VL

Zip

32713

Country

VL

4. FEI Number 59-3465600

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

WARZECHA, CLAUDIA
1466 ENTERPRISE-OSTEEN RD
ENTERPRISE FL 32725

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-01

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS WARZECHA, CLAUDIA
CITY-ST-ZIP 1466 ENTERPRISE-OSTEEN RD
ENTERPRISE FL 32725

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

Daytime Phone #

407-753-0043

CR2E034 (10/00)