


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90145 029 ***150.00

| | |
|--|---|
| DOCUMENT # P99000011246 |  |
| 1. Entity Name INGO'S AUTO REPAIR INC. | |

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|---|--|
| Principal Place of Business 116 COMMERCIAL WAY SPRING HILL, FL 34608 | Mailing Address 2008 WATERFALL DR SPRING HILL, FL 34608 |
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|--|--|
| 2. Principal Place of Business 12438 RAMFIS Rd | 3. Mailing Address 12438 RAMFIS Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

☐ CHECK HERE IF MAKING CHANGES

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|--|--|
| City & State Hudson - F.L. | City & State Hudson F.L. |
| Zip 34667 | Zip 34667 |
| Country USA | Country U.S.A. |

| | |
|--|--|
| 4. FEI Number 59-3558715 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| GOLDBERG, INGO E 2008 WATERFALL DR SPRING HILL FL 34608 | |

| | |
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| 7. Name and Address of New Registered Agent | |
| Name: INGO E. GOLDBERG | |
| Street Address (P.O. Box Number is Not Acceptable) 2008 WATERFALL DR. | |
| City: Spring Hill | FL Zip Code: 34608 |

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| 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: <i>Ingo E. Goldberg</i> | DATE: 01/06/03 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PD | <input type="checkbox"/> Delete |
| NAME GOLDBERG, INGO E | |
| STREET ADDRESS 2008 WATERFALL DR | |
| CITY-ST-ZIP SPRING HILL FL 34608 | |
| TITLE VD | <input type="checkbox"/> Delete |
| NAME GOLDBERG, IRENE S | |
| STREET ADDRESS 2008 WATERFALL DR | |
| CITY-ST-ZIP SPRING HILL FL 34608 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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.

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|---|-----------------------|-------------------------------------|
| SIGNATURE: <i>INGO E. GOLDBERG</i> | Date: 01/06/03 | Daytime Phone #: 327-8694710 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |

CR2E034 (10/02)