

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018658 ✓
 1. Entity Name
I/O Services, Inc.

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90189 019 ***158.75

Principal Place of Business Mailing Address
327 NW 23RD AVE, Suite 5
Gainesville, FL 32609

C0090867

2. Principal Place of Business 3. Mailing Address
327 NW 23RD AVE, Suite 5 **SAME AS LEFT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

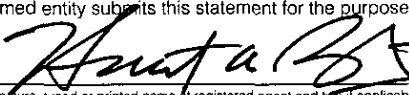
City & State Zip Country City & State Zip Country
Gainesville FL **32609** **USA**

4. FEI Number Applied For
59-3576971 Not Applicable

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

6. Name and Address of Current Registered Agent
Skip Ingley
3228 NW 57th Terrace
Gainesville, FL 32606

7. Name and Address of New Registered Agent
 Name **Bert Ingley**
 Street Address (P.O. Box Number is Not Acceptable)
11516 NW 16th Pl
 City **Gainesville** **FL** Zip Code **32606**

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  **Herbert A. Ingley IV** **4/29/2000**
Signature, typed or printed name of registered agent and time 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 \$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	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Ortiz		NAME		
STREET ADDRESS	1113 SW 80th Terr		STREET ADDRESS		
CITY-ST-ZIP	Gainesville, FL 32607		CITY-ST-ZIP		
TITLE	Executive Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert A. Ingley IV		NAME		
STREET ADDRESS	11516 NW 16th Pl		STREET ADDRESS		
CITY-ST-ZIP	Gainesville, FL 32606		CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert A. Ingley III		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances W. Moses		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Arthur L. Campbell	<input checked="" 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:  **Herbert A. Ingley IV** **4/29/2000** **352-332-3236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)