

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000028900****1. Entity Name**

INGENIOUS ENTERPRISES, INCORPORATED

**Principal Place of Business**

28255 N.W. COUNTY ROAD 241

ALACHUA  
32615

FL

**Mailing Address**

28255 N.W. COUNTY ROAD 241

ALACHUA  
32615

FL

**2. Principal Place of Business**

28225 N.W. COUNTY ROAD 241

**3. Mailing Address**

28225 N.W. COUNTY ROAD 241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

ALACHUA

FL

**City & State**

ALACHUA

FL

**4. FEI Number**

59-3577691

Applied For

Not Applicable

Zip  
32615

Country

Zip  
32615

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**LEE GREGORY S  
28255 N.W. COUNTY ROAD 241ALACHUA FL  
32615**7. Name and Address of New Registered Agent****Name**

LEE GREGORY S

**Street Address (P.O. Box Number is Not Acceptable)**

28225 N.W. COUNTY ROAD 241

City  
ALACHUA

FL

Zip Code  
32615**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)

**04/30/2000**

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**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D GARDNER COLLETTE R  
16507 NORTHEAST 141 STREET  
ALACHUA FL 32615TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/T NEWSOME KAREN S  
12911 FOREST GLEN COURT SOUTH  
JACKSONVILLE FL 32224TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/S STANDIFER KIMBLEY D  
1135 SOUTHEAST MAPLE STREET  
HIGH SPRINGS FL 32643TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/V THORNTON SHANETTE P  
610 RAEMAR DRIVE  
COLORADO SPRINGS CO 80911TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P LEE GREGORY S  
28225 NW COUNTY ROAD 241  
ALACHUA FL 32615TITLE ☐ 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: Karen Newsome

D/T

04/30/2000