

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000028900**1. Entity Name
INGENIOUS ENTERPRISES, INCORPORATED

Principal Place of Business 28225 N.W. COUNTY ROAD 241 ALACHUA FL 32615	Mailing Address 28225 N.W. COUNTY ROAD 241 ALACHUA FL 32615
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3577691
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLEE GREGORY S
28225 N.W. COUNTY ROAD 241

ALACHUA FL 32615**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.

SIGNATURE **GREGORY S. LEE****04/01/2001**

Signature, typed or printed name of registered agent and title if 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D/S	<input type="checkbox"/> Delete
NAME	STANDIFER KIMBLEY D	
STREET ADDRESS	1135 SOUTHEAST MAPLE STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	THORNTON SHANETTE P	
STREET ADDRESS	610 RAEMAR DRIVE	
CITY-ST-ZIP	COLORADO SPRINGS CO 80911	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	LEE GREGORY S	
STREET ADDRESS	28225 NW COUNTY ROAD 241	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	NEWSOME KAREN S	
STREET ADDRESS	12911 FOREST GLEN COURT SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER COLLETTE R	
STREET ADDRESS	16507 NORTHEAST 141 STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 S. Newsome

D/T

04/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)