2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 14, 2001 8:00 am Secretary of State DOCUMENT # V36624 1. Entity Name INAMCO, INC. 04-14-2001 90030 016 ***150.00 Principal Place of Business Mailing Address 5029 N W 95TH DR 5029 N W 95TH DR **CORAL SPRINGS FL 33076** CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0333496 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEELE, GORDON Street Address (P.O. Box Number is Not Acceptable) 5029 N W 95TH DR **CORAL SPRINGS FL 33076** City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE Delete TITI F ☐ Addition NAME STEELE, GORDON NAME STREET ADDRESS STREET ADDRESS 5029 N W 95TH SR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL TITLE Change ☐ Addition TITLE VSD ☐ Delete NAME STEELE, MARYNELLE P NAME STREET ADDRESS STREET ADDRESS 5026 N W 95TH DR CITY-ST-ZIP-CITY-ST-ZIP CORAL SPRINGS FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this thing 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.