

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90057 029 \*\*\*150.00

**DOCUMENT # 642520**

1. Entity Name  
**INDAG MANAGEMENT, INC.**

Principal Place of Business      Mailing Address  
~~4100 GLADES CUT OFF RD.~~      ~~4100 GLADES CUT OFF RD.~~  
~~FT. PIERCE FL 34901-4711~~      ~~FT. PIERCE FL 34901-4711~~

913822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3475 GORDY RD.**      **3475 GORDY RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Pierce, FL.**      **Fort Pierce, FL.**

4. FEI Number      Applied For  
**59-2060109**       Not Applicable

Zip      Country      Zip      Country  
**34945**      **USA**      **34945**      **USA**

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

6. Name and Address of Current Registered Agent  
**SULLIVAN, E.H.**  
~~4100 GLADES CUT OFF RD.~~  
**FT. PIERCE FL 33450**

7. Name and Address of New Registered Agent  
 Name **SULLIVAN, E.H.**  
 Street Address (P.O. Box Number is Not Acceptable) **3475 GORDY RD.**  
 City **Fort Pierce FL**      Zip Code **34945**

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, E.H. 3475 GORDY RD. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, JOANN 3475 GORDY RD. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIS, MARY J 5400 AMERICA DR SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Edward H. Sullivan      **Edward H. SULLIVAN**      **1-31-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 President