

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90007 014 \*\*\*\*70.00

**DOCUMENT # N22691**

1. Entity Name

**INDIOS, INC.**

Principal Place of Business

Mailing Address

16630 S.W WARFIELD  
P.O. BOX 901  
INDIANTOWN FL 34956

16630 S.W WARFIELD  
P.O. BOX 901  
INDIANTOWN FL 34956-0901

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

**59-2832745**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
**Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWERS, COLLETTE**  
**MYRTLE DRIVE, P.O. BOX 8**  
**INDIANTOWN FL 33456**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWERS, COLETTE	
STREET ADDRESS	P.O. BOX 8 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FARIAS, LEONEL	
STREET ADDRESS	P O BOX 513 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIEFKER, PAUL	
STREET ADDRESS	P.O. BOX 294 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, REV. FRANK	
STREET ADDRESS	10935 S MILITARY TR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLETON, EDWARD	
STREET ADDRESS	P.O. BOX 365 N/A	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, SOCCORRO	
STREET ADDRESS	15151 SW CHICKEE ST	
CITY-ST-ZIP	INDIANTOWN FL	

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	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature: PAUL SIEFKER V.P. 2/15/00 561-597-3838*

CR2E037 (9/99)