

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642520

1. Entity Name

INDAG MANAGEMENT, INC.

Principal Place of Business

4100 GLADES CUT OFF RD.
FT. PIERCE FL 34901-4711

Mailing Address

4100 GLADES CUT OFF RD.
FT. PIERCE FL 34901-4711

2. Principal Place of Business

3475 GORDY RD.

Suite, Apt. #, etc.

3. Mailing Address

3475 GORDY RD.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

Zip

34945

Country

USA

Zip

34945

Country

USA

4. FEI Number

59-2060109

Applied For

Not Applicable

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 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward H. Sullivan
President

Date

Daytime Phone #

1-31-00

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

02-08-2000 90057 029 ***150.00

913822



DO NOT WRITE IN THIS SPACE