

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90102 029 ***150.00

DOCUMENT # F02000001176



1. Entity Name
INDIGO REAL ESTATE SERVICES, INC.

Principal Place of Business
3209 SHOREWOOD DR
MERCER ISLAND WA 98040

Mailing Address
3209 SHOREWOOD DR
MERCER ISLAND WA 98040



2. Principal Place of Business

7525 SE 24th ST

Suite, Apt. #, etc.

SUITE #408

City & State

MERCER ISLAND WA

Zip

98040

Country

3. Mailing Address

7525 SE 24th ST

Suite, Apt. #, etc.

SUITE #408

City & State

MERCER ISLAND, WA

Zip

98040

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 91-1743992

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPT** ☐ Delete
NAME **KUHNS, JEFFREY**
STREET ADDRESS **5462 E MERCER WAY**
CITY-ST-ZIP **MERCER ISLAND WA 98040**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VWS** ☐ Delete
NAME **HANAN, DEBORAH**
STREET ADDRESS **11836 SE 87TH ST**
CITY-ST-ZIP **NEWCASTLE WA 98056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY KUHNS

2/14/03

206-230-9874

Date

Daytime Phone #

CR2E034 (10/02)