

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90235 046 ***150.00

DOCUMENT # F50659

1. Entity Name

INDIGO COMMERCIAL REALTY INC.



Principal Place of Business
149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

Mailing Address
149-C SO RIDGEWOOD AVENUE
P.O. BOX 10809
DAYTONA BEACH FL 32120-0809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2174065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APGAR, ROBERT F
149-C S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DV	TEETERS, BRUCE W.	149 CS RIDGEWOOD AVE DAYTONA BEACH FL				
	DP	MCMUNN, WILLIAM H.	149-C S. RIDGEWOOD AVE. DAYTONA BCH. FL				
	DV	APGAR, ROBERT F.	149-C S. RIDGEWOOD AVE. DAYTONA BCH. FL				
	ST	MOOTHART, GARY J.	149-C S. RIDGEWOOD AVE. DAYTONA BEACH FL				

CR2E034 (10/02)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2/2/03

(386) 255-7558

Date

Daytime Phone #