

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M68953

1. Entity Name

INDICO PROPERTIES, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90062 037 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 397
WEST FARMS RD..
INDIANTOWN FL 34956

P.O. BOX 397
WEST FARMS RD..
INDIANTOWN FL 34956-0397

H0066104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0146969**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

POST, ROBERT JR.
15925 SW WARFIELD BLVD.
INDIANTOWN FL 34956

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PASCUCCI, LOUIS	
STREET ADDRESS	P.O. BOX 7111 N/A	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POST, ROBERT M. JR.	
STREET ADDRESS	15925 SW WARFIELD BLVD.	
CITY-ST-ZIP	INDIANTOWN, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LESLIE, JEFF	
STREET ADDRESS	16001 MARKET ST	
CITY-ST-ZIP	INDIANTOWN FL	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

561
5973113

Daytime Phone #

CR2E034 (9/99)