

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-01-2001 90052 008 ***150.00

DOCUMENT # M68953

1. Entity Name

INDICO PROPERTIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

WEST FARMS RD

Suite, Apt. #, etc.

3. Mailing Address

BOX 518

Suite, Apt. #, etc.

City & State

INDIANTOWN FL

Zip

34956

Country

MARTIN

City & State

INDIANTOWN FL

Zip

34956

Country

MARTIN

4. FEI Number

65-0146969

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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 checked="" 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POST, ROBERT M III	
STREET ADDRESS	Box 518	
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		

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

2-1-01

Date

561 597 3113

Daytime Phone #

CR2E034 (10/00)