

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M74748

1. Entity Name

INDIGO INTERNATIONAL INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90062 035 ***158.75

Principal Place of Business

149-C S RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address

P O BOX 10809
DAYTONA BEACH FL 32120-809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1777233

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

LAGONI, PATRICIA
149-C SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

Name

ROBERT F. APGAR

Street Address (P.O. Box Number is Not Acceptable)

149 SOUTH RIDGEWOOD AVENUE

City

DAYTONA BEACH

FL

Zip Code
32114

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

Robert F. Apgar, VP-General Counsel

3/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LAGONI, PATRICIA
149-C S. RIDGEWOOD AVE.
DAYTONA BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
APGAR, ROBERT F.
501 N. McDONALD AVENUE
DELAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCMUNN, WILLIAM H.
3 SO. RAVENSFIELD LANE
ORMOND BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CRISP, LINDA
217 SEMINOLE DRIVE
ORMOND BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MOOTHART, GARY
3 BROADWATER DR
ORMOND BCH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TEETERS, BRUCE W
10 BROADRIVER RD
ORMOND BEACH FL 32174 ☐ Delete

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

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

Linda Crisp, Sec.

Date

3/30/01

Daytime Phone #

386-255-7558

CR2E034 (10/00)