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Aug 09, 2001 8:00 am
Secretary of State
06-02-2001 90005 002 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06331

1. Entity Name

INDIOS COOPERATIVE, INCORPORATED

Principal Place of Business	Mailing Address
16630 SW WARFIELD BLVD P.O. BOX 901 INDIANTOWN FL 34956	16630 SW WARFIELD BLVD P.O. BOX 901 INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

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 59-2567261 ☐ 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
POWERS, COLLETTE MYRTLE DR P.O.BOX 8 INDIANTOWN FL 33456	Name: COLLETTE POWERS Street Address (P.O. Box Number is Not Acceptable): 14555 SW OSCEOLA ST. City: INDIANTOWN FL Zip Code: 34956

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
D O'LAUGHLIN,REV. FRANK 10935 S. MILITARY TR. BOYNTON BEACH FL		D O'LAUGHLIN, REV. FRANK 10935 S. MILITARY TR. BOYNTON BEACH, FL 33436	
DV SIEFKER, PAUL E. 15860 SW FAMEL AVENUE INDIANTOWN FL	☐		☐ ☐
TSD FARIAS, LEONEL P.O. BOX 513 N/A 15747SW 151st St INDIANTOWN FL →	☐	TSD FARIAS LEONEEL 15747 SW 151st ST. INDIANTOWN, FL 34956	☐ ☐
DP POWERS, COLLETTE MYRTLE DR. 14555 SW OSCEOLA DR INDIANTOWN FL →	☐	DP POWERS COLETTE 14555 SW OSCEOLA DR. INDIANTOWN, FL 34956	☐ ☐
	☐		☐ ☐
	☐		☐ ☐

CR2E007 (10/00)

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 617, 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: Paul E Siefker 6/30/01 561 5973838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #