

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

06-25-2002 90446 027 ****61.25
P01000019999

FILED

02 JUN 28 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
118474

DOCUMENT # P01000019999

1. Entity Name

Indus Ventures, Inc. (P)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2473 SOUTH PARK AVE

3. Mailing Address

2473 SOUTH PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

4. FEI Number

59-3698921

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JACK E. WELLS

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

2473 SOUTH PARK AVE

City

SANFORD

FL

Zip Code

32771

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

Jack E. Wells PPT.

6/1/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
JACK E. WELLS
1419 2nd AVE
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SANDRA R. WELLS
1419 2nd AVE
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack E. Wells PPT.

6/1/02 118474

CR2E034B (12/01)