

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048678

1. Entity Name

INDIA, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90106 029 \*\*\*150.00

Principal Place of Business

Mailing Address

154 BUTTONWOOD AVE  
KEY LARGO FL 33037

154 BUTTONWOOD AVE  
KEY LARGO FL 33037-4615

2. Principal Place of Business

838 SECOND LANE

3. Mailing Address

838 SECOND LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO, FL

City & State

KEY LARGO, FL

4. FEI Number

65-0503161

Applied For

Not Applicable

Zip

33037

Country

MDNRDE

Zip

33037

Country

MDNRDE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAUGHNESSY, VICKI T  
154 BUTTONWOOD AVE  
KEY LARGO FL 33037

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip

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

*V.T. Shaughnessy*

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. ☐

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
SHAUGHNESSY, VICKI T  
154 BUTTONWOOD AVE  
KEY LARGO FL 33037

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

*V.T. Shaughnessy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

305  
453-3357

Daytime Phone #

CR2E034 (9/99)