## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P99000004415 1. Entity Name INDIAGENOUS CORP. 04-16-2001 90240 013 \*\*\*158.75 Principal Place of Business Mailing Address 7501 ULMERTON ROAD #1515 7501 ULMERTON ROAD #1515 LARGO FL 33771 LARGO FL 33771 TROUGUUG 2. Principal Place of Business 3. Mailing Address 7501 ULMERTONROAD 7501 ULMERTON ROAD #913 Suite, Apt. #, etc. # 913 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 913 Applied For City & State City & State NOT APPLICABLE 4. FEI Number LARAD LARGO Not Applicable Zip 3-3 7+1 Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 3-3-771 US.A. USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE STE 900 MIAMI FL 33131 Zip Code 8. The above named entity submits this statement for the purpess of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete MAMIDI, SANDEEP K NAME NAME STREET ADDRESS 7501 ULMERTON RD #612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Change Addition ☐ Delete TITLE BOPPANA, NEEREJA NAME STREET ADDRESS 7501 ULMERTON RD #612 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Delete TITLE Change Addition TITLE AMBATI, HARI P NAME NAME STREET ADDRESS 7501 ULMERTON RD #612 STREET ADDRESS CITY-ST-7IP LARGO FL 33771 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 impowered.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/2001

727-642-7820

Daytime Phone #