2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # 841066** 1. Entity Name MANAGEMENT SERVICES OF INDIANA, INC. 05-14-2001 90016 034 ***150.00 Principal Place of Business Mailing Address 1259 UNIVERSITY DRIVE 1259 UNIVERSITY DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33065 80092617 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 37-1010878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles R Faust SC CHARLES R. FAUST, JR. Street Address (P.O. Box Number is Not Acceptable) 3220 OLEANDER WAY 1) Terra Mar POMPANO BEACH FL 33062 Beach 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 Florid SIGNATURE d agent and title if applicable. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. 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. Change ☐ Addition ☐ Delete TITLE TITLE FAUST, CHARLES R., JR. NAME NAME STREET ADDRESS 1259 UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** Alica Faust Alicia 1408 W Terra Mar Dr ☐ Addition TITLE ☐ Delete TITLE NAME FAUST, ALICIA NAME STREET ADDRESS STREET ADDRESS 3220 OLEANDER WAY Pompano Beach, FL33062 CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

harles & Faust JA Ales 4/30, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI