

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005855

1. Entity Name

UNITED MANAGEMENT SERVICES OF INDIANA, INC.

Principal Place of Business

1812 UNIVERSITY BLVD.
ANDERSON IN 46012

Mailing Address

1812 UNIVERSITY BLVD.
ANDERSON IN 46012

2. Principal Place of Business

3. Mailing Address

P.O. Box 2069

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Anderson, IN

Zip

Country

Zip

Country

46018-2069

USA

4. FEI Number

35-1794790

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

DIDWAY, TONY
443 CANTERBURY COURT
PORT ST. LUCIE FL 34983

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME JACKSON, S. LOUIS
STREET ADDRESS 1812 UNIVERSITY BLVD.
CITY-ST-ZIP ANDERSON IN 46012

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

TITLE S ☐ Delete
NAME JOLLIFF, MELVIN F
STREET ADDRESS 1567 LOGAN STREET
CITY-ST-ZIP NOBLESVILLE IN 46060

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

TITLE T ☐ Delete
NAME GRANT, MICHAEL
STREET ADDRESS 5038 TIMBERWOOD CIRCLE
CITY-ST-ZIP ANDERSON IN 46012

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

TITLE CD ☐ Delete
NAME GRUBBS, J. PERRY
STREET ADDRESS 1812 UNIVERSITY BLVD.
CITY-ST-ZIP ANDERSON IN 46012

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

TITLE D ☐ Delete
NAME SHROUT, DAVID
STREET ADDRESS 1225 15TH AVE. S.W.
CITY-ST-ZIP ALBANY OR 97321

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

TITLE D ☐ Delete
NAME GALLENDER, CAROLYN
STREET ADDRESS 7176 NORTH ANTIOCH
CITY-ST-ZIP FRESNO CA 93722

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90045 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)