

2002 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

P O BOX 2069
ANDERSON IN 46018

2. Principal Place of Business

6081 E 82nd St

Suite, Apt. #, etc.

120

City & State

Indianapolis, IN

Zip

46250

Country

US

3. Mailing Address

6081 E 82nd St

Suite, Apt. #, etc.

120

City & State

Indianapolis, IN

Zip

46250

Country

US

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90128 001 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1794790

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Tony Didway

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Joe DuRant ☒ Change ☐ Addition

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

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

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

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

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

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

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

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

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

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

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:

Michael J. Didway

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02 765 644-2555
37578-9248

CR2E037 (9/01)