

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90101 004 ***150.00

DOCUMENT # F01000000344

1. Entity Name

~~AGGREDITED BANKRUPTCY SERVICES, INC.~~

BE INCHARGE, INC. (SEE NAME CHANGE DOCUMENTATION ATTACHED.)

Principal Place of Business

1768 PARK CENTER DRIVE, SUITE 400
ORLANDO FL 32835

Mailing Address

1768 PARK CENTER DRIVE, SUITE 400
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0405443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **STEVENSON, D. WILLIAM**
STREET ADDRESS **1768 PARK CENTER DRIVE, SUITE 400**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **STD** ☒ Delete
NAME **WILSON, MICHAEL**
STREET ADDRESS **1768 PARK CENTER DRIVE, SUITE 400**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **MAY, JONATHON Z**
STREET ADDRESS **SEVEN SAINT PAUL ST SUITE 1400**
CITY-ST-ZIP **BALTIMORE MD 21202-1626**

TITLE **D** ☐ Delete
NAME **RITZER, LONNIE M**
STREET ADDRESS **36 SO CHARLES ST 20TH**
CITY-ST-ZIP **BALTIMORE MD 21201-3147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/T/D** ☐ Change ☒ Addition
NAME **Michael J. Schiano**
STREET ADDRESS **1768 Park Center Drive, Suite 400**
CITY-ST-ZIP **Orlando, Florida 32835**

TITLE **Asst. S/T** ☐ Change ☒ Addition
NAME **Michelle Hillenbrand**
STREET ADDRESS **1768 Park Center Drive, Suite 400**
CITY-ST-ZIP **Orlando, Florida 32835**

TITLE **D** ☒ Change ☐ Addition
NAME **Jonathan Z. May**
STREET ADDRESS **10420 Little Patuxent Parkway, Suite 495**
CITY-ST-ZIP **Columbia, Maryland 21044-3528**

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

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

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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Schiano, President 1/24/03 407-532-5640

Date

Daytime Phone #

CR2E034 (10/02)