

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90311 004 ***150.00

05/5676 AV

DOCUMENT # F01000003893

1. Entity Name
ARI CORPORATION OF INDIANA



Principal Place of Business
10704 NE HWY 314
SILVER SPRINGS FL 34488

Mailing Address
10704 NE HWY 314
SILVER SPRINGS FL 34488



2. Principal Place of Business

3. Mailing Address

P.O. Box 2517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

SILVER SPRINGS, FL.

4. FEI Number 35-2110553

Applied For

Not Applicable

Zip

Country

Zip

Country

34489

MARION

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

REYNOLDS, JAMES
16510 SE 27TH PL. RD.
OCCLAWAHA FL 32179

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BRACKIN, CHARLES E	36 HOLLOWAY BLVD	BROWNSBURG IN 46112				
V	MCQUEEN, DEBRA A	16110 NE 6TH PL	SILVER SPRINGS FL 34488				
ST	BRACKIN, DONNA M	36 HOLLOWAY BLVD	BROWNSBURG IN 46112				

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: *Debra McQueen* V. PRESIDENT 4/20/03 352-687-1671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)