

# 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

03/5676 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  
**34489**

Country

**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.  
OCKLAWAHA 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	<input type="checkbox"/> Delete
P	<b>BRACKIN, CHARLES E</b>	<b>36 HOLLOWAY BLVD</b>	<b>BROWNSBURG IN 46112</b>	<input type="checkbox"/>
V	<b>MCQUEEN, DEBRA A</b>	<b>16110 NE 6TH PL.</b>	<b>SILVER SPRINGS FL 34488</b>	<input type="checkbox"/>
ST	<b>BRACKIN, DONNA M</b>	<b>36 HOLLOWAY BLVD.</b>	<b>BROWNSBURG IN 46112</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **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)