

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.

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**

CHECK HERE IF MAKING CHANGES



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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P BRACKIN, CHARLES E		
STREET ADDRESS	36 HOLLOWAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	BROWNSBURG IN 46112	CITY-ST-ZIP	
	V MCQUEEN, DEBRA A		
STREET ADDRESS	16110 NE 6TH PL.	STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	CITY-ST-ZIP	
	ST BRACKIN, DONNA M		
STREET ADDRESS	36 HOLLOWAY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	BROWNSBURG IN 46112	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 **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)