

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91352 015 ***150.00

DOCUMENT # F02000001338

1. Entity Name
UNION ACCEPTANCE INSURANCE SERVICES, INC.



Principal Place of Business
250 N. SHADELAND AVENUE
INDIANAPOLIS IN 46219

Mailing Address
250 N. SHADELAND AVENUE
INDIANAPOLIS IN 46219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 30-0037977

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VAS ☐ Delete
NAME GRAZIANI, LEEANNE W
STREET ADDRESS 250 N. SHADELAND AVENUE
CITY-ST-ZIP INDIANAPOLIS IN 46219

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

TITLE CPD ☐ Delete
NAME ERVIN, LEE N
STREET ADDRESS 250 N. SHADELAND AVENUE
CITY-ST-ZIP INDIANAPOLIS IN 46219

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

TITLE VTD ☒ Delete
NAME BROWN, RICK A
STREET ADDRESS 250 N. SHADELAND AVENUE
CITY-ST-ZIP INDIANAPOLIS IN 46219

TITLE V/S/D ☐ Change ☒ Addition
NAME Douglas E. Starkey
STREET ADDRESS 250 N. Shadeland Ave.
CITY-ST-ZIP Indianapolis, IN 46219

TITLE VS ☒ Delete
NAME OTTO, MELANIE S
STREET ADDRESS 250 N. SHADELAND AVENUE
CITY-ST-ZIP INDIANAPOLIS IN 46219

TITLE VIT ☐ Change ☒ Addition
NAME Julia A. Crabtree
STREET ADDRESS 250 N. Shadeland Ave.
CITY-ST-ZIP Indianapolis, IN 46219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AV/AS ☐ Change ☒ Addition
NAME Brett E. Hughes
STREET ADDRESS 250 N. Shadeland Ave.
CITY-ST-ZIP Indianapolis, IN 46219

TITLE ☐ Delete
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: *Leeanne W. Graziani,*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secretary 4/23/03 (317) 231-7988
Date Daytime Phone #

CR2E034 (10/02)