## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000003005

Entity Name: THE SOURCE FOR RELOCATION SERVICES IN INDIANA, INC.

Apr 29, 2003 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2717 SEVILLE BLVD. #5104 4 HARBOR COVE ST

CLEARWATER, FL 337641167 SAFETY HARBOR, FL 346952821

**Current Mailing Address: New Mailing Address:** 

2717 SEVILLE BLVD. #5104 4 HARBOR COVE ST

CLEARWATER, FL 337641167 SAFETY HARBOR, FL 346952821

FEI Number: 35-1912037 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUSSELL, STEPHEN P RUSSELL, STEPHEN P 2717 SEVILLE BLVD. #5104 4 HARBOR COVE ST SAFETY HARBOR, FL 346952821 CLEARWATER, FL 337641167

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.

SIGNATURE: 04/29/2003

> Electronic Signature of Registered Agent Date

## Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete RUSSELL, STEPHEN P Name: 2717 SEVILLE BLVD. #5104 Address:

City-St-Zip: CLEARWATER, FL 337641167

( ) Delete VCVP Title: Name: RUSSELL. BARBARA K 2717 SEVILLE BLVD. #5104 Address: CLEARWATER, FL 337641167 City-St-Zip:

( ) Delete Title: RUSSELL, BARBARA K Name: 2717 SEVILLE BLVD. #5104 Address:

City-St-Zip: CLEARWATER, FL 337641167

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

RUSSELL, STEPHEN P Name: 4 HARBOR COVE ST Address:

City-St-Zip: SAFETY HARBOR, FL 346952821

Title: VCVP (X) Change ( ) Addition

RUSSELL, BARBARA K Name:

4 HARBOR COVE ST Address:

SAFETY HARBOR, FL 346952821 City-St-Zip:

Title: (X) Change ( ) Addition

Name: RUSSELL, BARBARA K 4 HARBOR COVE ST Address:

City-St-Zip: SAFETY HARBOR, FL 346952821

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. RUSSELL CPT 04/29/2003