2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 F	OR PROFI	<u>) </u>	FILED Apr 14, 2003 8:00 am Secretary of State							
DOCU 1. Entity Nan DEBARTO	# F93000 PERTIES MANAGEN	005798 TENT, INC.				Secretary of State 04-14-2003 90081 007 ***150.00					
	•					III					
Principal Place 115 W WASHI SUITE 15 EAS INDIANPOLIS I US 2. Principal F	ngton st it in 46204		Mailing Address P O BOX 7066, TAX DEP INDIANAPOLIS IN 46207 US 3. Mailing Address	Т		:					
Suite, Apt.	. #, etc.	·	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City. & Stat	te		City & State		· · · · · · · · · · · · · · · · · · ·		4FEI.Number_34=175182)		plied For	-
Zip		Country	Zip	Coun	try		5. Certificate of Status Desired		B.75 Add	litional	
	6. Name	and Address of Current Re	egistered Agent			7	7. Name and Address of New				
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Name Street Ac	ldress (P.C	. D. Box Number is Not Acceptab	le)			
PLANTATION FL 33324					City			FL	Zip Code	9	١
signature F	Signature, typed		d title if applicable. (NO)		ed office or		en reinstating) 9. Election Campaign F Trust Fund Contribut	DATE	\$5:00	O May Be to Fees	-
10.		OFFICERS AND DI		11.			ADDITIONS/CHANGES TO OF	EICERS AND D	IBECTORS	S INI 11	İ
TITLE NAME	CEO SIMON, DA 115 W WA INDIANAPO	IVID SHINGTON ST, STE 158	Delete	TITLE NAM STRE	E ET ADDRESS		ANAPOLIS IN	d,	Change	Addition	E024 (40/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 115 W WASHINGTON ST, STE 15E							С	☐ Change	Addition	CBO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME JUSTER, ANDREW REET ADDRESS 115 W WASHINGTON ST STE 15E				E Et address -St-Zip			[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	115 W WA	RICHARD S SHINGTON ST,STE 15E DLIS IN 46204	Delete		E ET ADDRESS -ST-ZIP		۳۰ تا این این این این این این این این این ای		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			HERE	HATRMAN BERT SIMUN W. WASHINGTON ANAPOLES IN	157.5	TE. 15	Addition	
TITLE			□ Delete	TITLE		7				Addition	l

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 trusted 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET AODRESS

CITY-ST-ZIP

VRE REQUIRED

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