2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91471 047 ***150.00

DOCUMENT # F98000006098

1. Entity Name
UNITED MANAGEMENT, INC.

Principal Place of Business	Mailing Address
191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215	191 W. NATIONWIDE BLVD SUITE 200 COLUMBUS, OH 43215

CHECK HERE IF MAKING CHANGES

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 31-0685557 ☐ Applied For ☐ Not Applicable

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
DETZEL, CHRISTOPHER A ESQUIRE 540 EAST HORATIO AVENUE, SUITE 202 MAITLAND, FL 32894-1030	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	PSD CASTO, DON M III 209 EAST STATE STREET COLUMBUS, OH 43215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS,OH 43215-2568	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDT BENSON, FRANK S III 209 EAST STATE STREET COLUMBUS, OH 43215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENSON, NANCY C 209 EAST STATE STREET COLUMBUS, OH 43215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORAN, ANN C 209 EAST STATE STREET COLUMBUS, OH 43215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WIBBELSMAN, NANCY B 209 EAST STATE STREET COLUMBUS, OH 43215	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTO, WILLIAM G 209 EAST STATE ST COLUMBUS, OH 43216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	191 W NATIONWIDE BLVD, SUITE 200 COLUMBUS, OH 43215-2568	☒ Change ☐ Addition

CR2E034 (10/02)

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: DON M. CASTO, III 4/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #