

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000623

1. Entity Name
SPALDING & MORRELL, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90005 025 ***550.00

Principal Place of Business
1325 HALE ROAD
SHELBYVILLE IN 46176

Mailing Address
P.O. BOX 597
SHELBYVILLE IN 46176

2. Principal Place of Business
1337 HALE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SHELBYVILLE, IN

City & State

4. FEI Number 35-1965836

Applied For
Not Applicable

Zip 46176

Country SHELBY

Zip

Country

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME SPALDING, CARL A
STREET ADDRESS 2316 BANBERRY DRIVE
CITY-ST-ZIP LAWRENCEBURG IN 47025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME MORRELL, DARRYL G
STREET ADDRESS 4142 FENTON ROAD
CITY-ST-ZIP HAMILTON OH 45013

TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

317-392-3489

Date

Daytime Phone #

Carl A. Spalding, President

CR2E034 (5/00)