


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90181 014 ***150.00

DOCUMENT # F99000001089

1. Entity Name
CARRSUN REALTY COMPANY



Principal Place of Business
ATTN: PHIL CARROLL
5508 ELMWOOD AVE., SUITE 317
INDIANAPOLIS IN 46203

Mailing Address
ATTN: PHIL CARROLL
5508 ELMWOOD AVE., SUITE 317
INDIANAPOLIS IN 46203



3355 S. Arlington Ave.
Suite B
Indianapolis, IN 46203

4 3355 S. Arlington Ave.
Suite B
Indianapolis, IN 46203

CHECK HERE IF MAKING CHANGES

Zip **46203** Country **USA**

FEI Number **35-1787137**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

ORTH, LYNN
281 SAXONY CT.
WINTER SPRINGS FL 32708

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	CARROLL, PHILLIP J	
STREET ADDRESS	1944 BLAZING TRAIL CT.	
CITY-ST-ZIP	INDIANAPOLIS IN 46217	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARROLL, LINDA M	
STREET ADDRESS	1944 BLAZING TRAIL CT.	
CITY-ST-ZIP	INDIANAPOLIS IN 46217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	216 W. Southport Rd	
STREET ADDRESS	INDAPIS IN 46217	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	216 W. Southport Rd	
STREET ADDRESS	INDAPIS IN 46217	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Phil Carroll **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4, 2003 (317) 784-2341
Date Daytime Phone #

CR2E034 (10/02)