


# 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

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

CHECK HERE IF MAKING CHANGES

FEI Number **35-1787137**

Applied For  
 Not Applicable

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

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

**6. Name and Address of Current Registered Agent**

**ORTH, LYNN**  
**281 SAXONY CT.**  
**WINTER SPRINGS FL 32708**

**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          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CARROLL, PHILLIP J</b>     |                                 |
| STREET ADDRESS | <b>1944 BLAZING TRAIL CT.</b> |                                 |
| CITY-ST-ZIP    | <b>INDIANAPOLIS IN 46217</b>  |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>CARROLL, LINDA M</b>       |                                 |
| STREET ADDRESS | <b>1944 BLAZING TRAIL CT.</b> |                                 |
| CITY-ST-ZIP    | <b>INDIANAPOLIS IN 46217</b>  |                                 |
| 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           |                            |  |
| STREET ADDRESS | <b>216 W. Southport Rd</b> |  |
| CITY-ST-ZIP    | <b>INDAPIS IN 46217</b>    |  |
| TITLE          |                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |  |
| STREET ADDRESS | <b>216 W. Southport Rd</b> |  |
| CITY-ST-ZIP    | <b>Indpls IN 46217</b>     |  |
| 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** **APRIL 4, 2003** **(317) 784-2341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)