

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 021 ****50.00

DOCUMENT # M01000001357

1. Entity Name

CARRIER FINANCIAL GROUP, LLC

Principal Place of Business

**3815 RIVER CROSSING PKWY., STE. 300
INDIANAPOLIS IN 46240**

Mailing Address

**3815 RIVER CROSSING PKWY., STE. 300
INDIANAPOLIS IN 46240**

2. Principal Place of Business

3900 Woodlake Blvd.

3. Mailing Address

348 Columbia Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

South Bend, IN

4. FEI Number

35-2139663

Applied For

Not Applicable

Zip
33463

Country
U.S.A.

Zip
46601

Country
U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Carrier Financial Group, LLC
348 Columbia Street
South Bend, IN 46601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Jeffery L. Carrier
6017 Pine Ridge Road, Apt. 225
Naples, FL 34119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/02 561-641-4457

CR2E083 (9/01)