

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90053 015 ***150.00

DOCUMENT # P20203

1. Entity Name
THE SKILLMAN CORPORATION



Principal Place of Business
**3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203**

Mailing Address
**3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203**

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 **35-1278225**

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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. 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 **PD**
NAME **SKILLMAN, HAROLD A.**
STREET ADDRESS **8158 DEAN RD**
CITY-ST-ZIP **INDIANAPOLIS IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **KOENES, LARRY**
STREET ADDRESS **1873 ARCHIES CT**
CITY-ST-ZIP **FRANKLIN IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **ST**
NAME **TAPP, MICHAEL J**
STREET ADDRESS **235 BACK CREEK CIR.**
CITY-ST-ZIP **GREENWOOD IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **DAVIS, CHARLES F.**
STREET ADDRESS **1051 COUNTRY LANE RD.**
CITY-ST-ZIP **GREENFIELD IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **SKILLMAN, BARBARA J.**
STREET ADDRESS **8158 DEAN RD**
CITY-ST-ZIP **INDIANAPOLIS IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **FINDLEY, JACK E.**
STREET ADDRESS **6691 W 100 S**
CITY-ST-ZIP **NEW PALESTINE IN**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

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

1/8/03

312-783-6151

Date

Daytime Phone #

CR2E034 (10/02)