

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90317 039 ***150.00

DOCUMENT # P25700

1. Entity Name
INDIANA DESK COMPANY INC

Principal Place of Business

P.O. BOX 270
 1224 MILL STREET
 JASPER IN 47546

Mailing Address

P.O. BOX 270
 1224 MILL STREET
 JASPER IN 47546

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 **35-0408870**

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

HARPER TOM
21150 POINT PLACE
STE. 2102
AVENTURA FL 33180

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **S** ☐ Delete
 NAME **HUBLER, ROBERT L**
 STREET ADDRESS **1869 GREGORY LANE**
 CITY-ST-ZIP **JASPER IN**

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

TITLE **V** ☐ Delete
 NAME **KREMPP, KENNETH**
 STREET ADDRESS **1314 WILSON STREET**
 CITY-ST-ZIP **JASPER IN**

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

TITLE **V** ☐ Delete
 NAME **ACKERMAN, BRET A**
 STREET ADDRESS **3152 BITTERSWEET DR**
 CITY-ST-ZIP **JASPER IN 47546**

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

TITLE **T** ☐ Delete
 NAME **VERKAMP, GILBERT**
 STREET ADDRESS **1133 W. 14TH STREET**
 CITY-ST-ZIP **JASPER IN**

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

TITLE **D** ☐ Delete
 NAME **CHAPPELL, JOHN**
 STREET ADDRESS **296 W 36TH STREET**
 CITY-ST-ZIP **JASPER IN**

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

TITLE **D** ☐ Delete
 NAME **SCHNEIDER, PHILLIP**
 STREET ADDRESS **704 APPLEWOOD ROAD**
 CITY-ST-ZIP **HUNTINGBURG IN**

TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bret A Ackerman
Bret A Ackerman

Date

3-23-01

Daytime Phone #

812 482-5727

CR2E034 (10/00)