

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**  
 02-12-2001 90013 049 \*\*\*158.75

**DOCUMENT # P39380**

1. Entity Name

**YOUNG'S CONSTRUCTION COMPANY INC. OF INDIANA**

Principal Place of Business

Mailing Address

**5071 CARLEBURG RD.  
 PLAINFIELD IN 46168  
 US**

**5071 CARLEBURG RD.  
 PLAINFIELD IN 46168  
 US**

2. Principal Place of Business

**5071 Cartersburg Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**5071 Cartersburg Rd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Plainfield, IN**  
 Zip  
**46168**  
 Country  
**USA**

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**Plainfield, IN**  
 Zip  
**46168**  
 Country  
**USA**

4. FEI Number **35-1722884**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, MIKE J.  
 C/O FLORIDA MEMORIAL FUNERAL HOME  
 5950 S. U.S. HWY. #1  
 ROCKLEDGE FL 32955**

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

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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES T.	
STREET ADDRESS	5071 CARTERSBURG RD.	
CITY-ST-ZIP	PLAINFIELD IN 46168	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	YOUNG, NANCY	
STREET ADDRESS	5071 CARTERSBURG ROAD	
CITY-ST-ZIP	PLAINFIELD IN 46168	
TITLE	S	<input type="checkbox"/> Delete
NAME	YOUNG, NANCY	
STREET ADDRESS	5071 CARTERSBURG RD.	
CITY-ST-ZIP	PLAINFIELD IN 46168	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)