

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90042 001 ***150.00

DOCUMENT # P96000019190

1. Entity Name
INDIANA BENCH, INC.

Principal Place of Business
527 BRACKENWOOD PL
PALM BEACH GARDENS FL 33418
US

Mailing Address
527 BRACKENWOOD PLACE
PALM BEACH GARDENS FL 33418

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7621 PRESERVE CT.
 Suite, Apt. #, etc.

3. Mailing Address
7621 PRESERVE CT.
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL
Zip
33412
Country
P.B.

City & State
WEST PALM BEACH FL
Zip
33412
Country
P.B.

4. FEI Number **65-0658474**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

CARLSON, DANIEL G
527 BRACKENWOOD PLACE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7621 PRESERVE CT.
City **WEST PALM BEACH** **FL** **Zip Code** **33412**

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 **DANIEL G. CARLSON**
 Signature, typed or printed name of registered agent and title if applicable.

Signature **Daniel G. Carlson**
 (NOTE: Registered Agent signature required when reinstating)

4-1-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, DANIEL G 527 BRACKENWOOD PLACE PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, JILL A 527 BRACKENWOOD PL WEST PALM BEACH FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPP PARRISH, KRISTEN 4427 ESQUIRE CIRCLE NAPERVILLE IL 60564	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPV CAVERLY, ALINIGE E 4500 GWYANZ BROOK CIRCLE RALEIGH NC 27613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7621 PRESERVE CT. WEST PALM BEACH FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7621 PRESERVE CT WEST PALM BEACH FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CAVERLY AIMEE E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DANIEL G. CARLSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 **561-627 4318**
 Date Daytime Phone #

CR2E034 (9/01)