

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019190

1. Entity Name
INDIANA BENCH, INC.Principal Place of Business
527 BRACKENWOOD PL
PALM BEACH GARDENS FL 33418
USMailing Address
527 BRACKENWOOD PLACE
PALM BEACH GARDENS FL 334182. Principal Place of Business
7621 Preserve ct.
Suite, Apt. #, etc.3. Mailing Address
7621 Preserve ct.
Suite, Apt. #, etc.4. City & State
WEST PALM BEACH FL
Zip 334125. City & State
WEST PALM BEACH FL
Zip 334124. FEI Number 65-0658474
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 Zip Code FL 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 A. CARLSON*

Signature, typed or printed name of registered agent and title if applicable.

(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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P Delete
NAME CARLSON, DANIEL G
STREET ADDRESS 527 BRACKENWOOD PLACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 7621 Preserve ct.
WEST PALM BEACH FL 33412TITLE D Delete
NAME CARLSON, JILL A
STREET ADDRESS 527 BRACKENWOOD PL
CITY-ST-ZIP WEST PALM BEACH FL 33418TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 7621 Preserve ct
West Palm Beach FL 33412TITLE OPP Delete
NAME PARRISH, KRISTEN
STREET ADDRESS 4427 ESQUIRE CIRCLE
CITY-ST-ZIP NAPERVILLE IL 60564TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE OPV Delete
NAME CAVERLY, ALINIGE E
STREET ADDRESS 4500 GWYANZ BROOK CIRCLE
CITY-ST-ZIP RALEIGH NC 27613TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP CAVERLY ALINIGE ETITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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: *Daniel A. Carlson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 561-627 4318

Daytime Phone #

CR2E034 (9/01)

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