

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90403 044 ***150.00

0667132 AB

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1. Entity Name
HUSE INCORPORATED

Principal Place of Business
**1803 NORTH COLLEGE AVE
BLOOMINGTON IN 47402-0098**

Mailing Address
**1803 NORTH COLLEGE AVE
BLOOMINGTON IN 47402-0098**

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 **35-1904041**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSE, STEPHEN M
3671 BAYOU CIRCLE
LONG BOAT KEY FL 34228**

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 Stephen M. Huse

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

(NOTE: Registered Agent signature required when reinstating)

1/07/03
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CSD	HUSE, STEPHEN M	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>
PD	BROWNE, THOMAS R	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>
VTD	HUSE, CRAIG S	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>
AS	CHAPMAN, GARY L	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>
D	WASHBURN, JAMES	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>
D	HENTCHEL, GARY	1803 NORTH COLLEGE AVE	BLOOMINGTON IN 47402-0098	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: Stephen M. Huse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/03
Date

(812) 332-4838
Daytime Phone #