

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000059372

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: CLAIMS ASSISTANCE PROFESSIONALS, INC.

Current Principal Place of Business:

519 SUNDOWN TRAIL
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

519 SUNDOWN TRAIL
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3724776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHARD, KEVIN D
519 SUNDOWN TRAIL
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARCHARD, KEVIN D
Address: 519 SUNDOWN TRAIL
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN D. ARCHARD

D

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date