

**FOR PROFIT CORPORATION  
- UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000018321

1. Entity Name

OWNERS ADJUSTMENT COMPANY, INC.

FILED

02 JAN 18 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1201 HAYS STREET

3. Mailing Address  
1201 HAYS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TALLAHASSEE, FL

City & State  
TALLAHASSEE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
32301

Country  
U.S.A.

Zip  
32301

Country  
U.S.A.

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

City TALLAHASSEE, FL Zip Code  
32301

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

800004785158--1

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
D  
MARK A. ROSSER  
STREET ADDRESS  
1201 HAYS STREET  
CITY - ST - ZIP  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

LS

TITLE  
NAME  
D  
PATRICIA PIZZUTO  
STREET ADDRESS  
1201 HAYS STREET  
CITY - ST - ZIP  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Pizzuto

1/18/2002

850-521-1000

Daytime Phone #

CR2E034B (12/01)



202

ACCOUNT NO. : 072100000032

REFERENCE : 748944 83246A

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizito*

ORDER DATE : January 18, 2002

ORDER TIME : 1:18 PM

ORDER NO. : 748944-020

CUSTOMER NO: 83246A

CUSTOMER: Ms. Debbie D. Skipper  
Csc-tallahassee  
P. O. Box 5828

Tallahassee, FL 32314

RECEIVED  
02 JAN 18 PM 3 03  
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: OWNERS ADJUSTMENT CO, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: \_\_\_\_\_