

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# K00611

**Entity Name:** FLORIDA CLAIMS BUREAU, INCORPORATED

**Current Principal Place of Business:**

981 ELEUTHERA AVE.E.  
VENICE , FL 34285

**Current Mailing Address:**

P O BOX 268  
OSPREY, FL 34229 US

**FEI Number: 59-2546148**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLORIDA CLAIMS BUREAU, INC.  
981 ELEUTHERA AVE. E..  
VENICE, FL 34285 US

*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: STEVE ROBINSON**

**06/30/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	TREASURER
Name	ROBINSON, STEVE FDIRECTO	Name	ROBINSON, STEVE
Address	981 ELEUTHERA AVE. E.	Address	P O BOX 268
City-State-Zip:	OSPREY FL 34299	City-State-Zip:	OSPREY FL 34229

*I hereby 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 all other like empowered.*

**SIGNATURE: STEVE ROBINSON**

**DIRECTOR**

**06/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date