UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 539693

, Name

COUNTY ADJUSTMENT, INC.

Place of Business	Mailing Address
OAKLAND PARK BLVD. STE A FL 33311	2750 W OAKLAND PARK BLVD. STE A FT. LAUDERDALE FL 33311-1310

DO NOT WRITE IN THIS SPACE

Place of Business	3. Mailing Address		
Apt #, etc.	Suite, Apt. #, etc.		
State	City & State	4. FEI Number 59-1771688	Applied For / Not Applicable
Country / Zip	Country	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHASE, GORDON 9480 NW 39TH ST SUNRISE FL 33351	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

| Corporation is eligible to satisfy its Intangible requirement and elects to do so. (criteria on back) ☐ | **FILE NOW!!! FEE IS $150.00**
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. ☐ | $5.00 May Be Added to Fees |

OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P TINARI, EDWARD 3910 NE 25TH AVE. LIGHTHOUSE PT. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
ST CHASE, GORDON 9480 NW 39TH ST SUNRISE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/99)

I 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 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 an officer or on an attachment with an address, with all other like empowered.

SIGNATURE: _Gordon B. Chase_ GORDON B. CHASE 2-7-00 (954) 484-5058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #