2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90042 021 ***150.00

DOCUMENT # 833958

1. Entity Name

CUSTARD INSURANCE ADJUSTERS, INC.

838660

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2210 INWOOD DRIVE P.O. BOX 10479 FORT WAYNE IN 46815-7000	2210 INWOOD DRIVE P.O. BOX 10479 FORT WAYNE IN 46815-7117

2. Principal Place of Business	3. Mailing Address
4875 Avalon Ridge Parkway	4875 Avalon Ridge Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Norcross, GA	Norcross, GA
City & State	City & State
30071	30071
Zip / Country	Zip / Country

4. FEI Number 35-1188325 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See 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*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUSTARD, A R 4875 AVALON RIDGE PKWY NORCROSS GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P David W. White 2730 N Stemmons Frwy, #606 Dallas, TX 75207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICHARDSON, K L 2210 INWOOD DRIVE FT WAYNE, IN 00000	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Pamela J. State 4875 Avalon Ridge Parkway Norcross, GA 30071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBD CUSTARD, A.R. 4875 AVALON RIDGE PKWY NORCROSS GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert E. Soby 4875 Avalon Ridge Parkway Norcross, GA 30071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/14/00 (770) 263-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #