

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90108 025 ***150.00

DOCUMENT # F0000000 1076**1. Entity Name**

FARA Adjusting Services, Inc.

Principal Place of Business2360 5th Street
Mandeville, LA 70471**Mailing Address**2360 5th Street
Mandeville, LA 70471**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

72-1462493

Applied For**Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT Corporation
1200 South Pine Island Road
Plantation, Florida 33324**7. Name and Address of New Registered Agent****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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	C/D			
	Richard, Todd M.	2360 5th Street	Mandeville, LA 70471	
	V/P/D			
	Bell, Reed A.	2360 5th Street	Mandeville, LA 70471	
	T/D			
	DuBuc, Louis R.	2360 5th Street	Mandeville, LA 70471	
	V/D			
	Quarles, Winston	2360 5th Street	Mandeville, LA 70471	<input checked="" type="checkbox"/>
	V/D			
	Harter, Robert D.	2360 5th Street	Mandeville, LA 70471	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Reed A. Bell

985-624-8383

4/18/01

Date

Daytime Phone #