

2001 UNIFORM BUSINESS REPORT (UBR)

4/71

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-07-2001 90013 008 ***150.00

DOCUMENT # F00000004919

1. Entity Name
EAUTOCLAIMS.COM, INC.

Principal Place of Business 2708 ALTERNATE U.S. HIGHWAY 19 NORTH SUITE 604 PALM HARBOR FL 34683	Mailing Address 2708 ALTERNATE U.S. HIGHWAY 19 NORTH SUITE 604 PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 95-4583945	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SEIDEL, ERIC
 2708 ALTERNATE U.S. HIGHWAY 19 NORTH
 SUITE 604
 PALM HARBOR FL 34683

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 see if applicable. (NOTE: Registered Agent signature required when renewing) DATE

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SEIDEL, ERIC 2708 ALTERNATE U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEIDEL, ERIC 2708 ALTERNATE U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DICKSON, JEFF 2708 ALTERNATE U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOORE, MYRON SCOTT 2708 ALTERNATE U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CHAJES, GEORGE 586 ST. CLEMENTS AVENUE TORONTO, ONTARIO M5N 1M5 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRBOVICH, NICHOLAS JR. 1110 MAPLE STREET ELMA, NY 14059 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORGE, CHRISTOPHER 230 PALERMO AVENUE CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOLLEY, DAVID 1749 CONCESSION 3/RR1 GOODWOOD, ONTARIO L0C 1A0 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, RANDAL 2708 ALTERNATE US HIGHWAY 19 NORTH PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E034 (10/00)

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: Scott Moore Myron Scott Moore 4/16/01 (727) 781-0414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
#70000004919

ADDITIONAL BOARD OF DIRECTOR MEMBER

D. . . .
JESSOP, ANTHONY
JESSOP INTERNATIONAL GROUP
LOVE BEACH
FISHER SUB DIVISIONS
WEST BAY STREET
NASSAU, BAHAMAS

XAddition

 39643