

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90064 013 ***150.00

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 SP

DOCUMENT # F00000004919

1. Entity Name
EAUTOCLAIMS.COM, INC.

Principal Place of Business Mailing Address
2708 ALTERNATE U.S. HIGHWAY 19 NORTH **2708 ALTERNATE U.S. HIGHWAY 19 NORTH**
SUITE 604 **SUITE 604**
PALM HARBOR FL 34683 **PALM HARBOR FL 34683**

2. Principal Place of Business 3. Mailing Address
110 Douglas Rd **110 Douglas Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oldsmar FL **Oldsmar FL**
 Zip Country Zip Country
34677 USA **34677 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-4583945** Applied For
 Not Applicable

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
110 East Douglas Road
 Street Address (P.O. Box Number is Not Acceptable)
 City **Oldsmar** FL Zip Code **34677**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SEIDEL, ERIC	
STREET ADDRESS	2708 ALTERNATE U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	C	<input type="checkbox"/> Delete
NAME	DICKSON, JEFF	
STREET ADDRESS	2708 ALTERNATE U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOORE, MYRON S	
STREET ADDRESS	2708 ALTERNATE US HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRBOVICH, NICHOLAS JR	
STREET ADDRESS	1110 MAPLE STREET	
CITY-ST-ZIP	ELMA NY 14059	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORGE, CHRISTOPHER	
STREET ADDRESS	230 PALERMO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, RANDAL	
STREET ADDRESS	2708 ALTERNATE US HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Jolly	
STREET ADDRESS	110 East Douglas Road	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Seidel, Eric	
STREET ADDRESS	110 East Douglas Rd	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickson, Jeff	
STREET ADDRESS	110 E. Douglas Rd	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trbovich, Nicholas Jr	
STREET ADDRESS	1110 Maple St.	
CITY-ST-ZIP	Elma, NY 14059	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Korge, Christopher	
STREET ADDRESS	230 Palermo Ave	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Randal	
STREET ADDRESS	110 E. Douglas Rd.	
CITY-ST-ZIP	Oldsmar, FL 34677	

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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)