

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

045120 AV

DOCUMENT # F01000001558

1. Entity Name
BCLAIM.COM, INC.

04-15-2002 90011 027 ***150.00

Principal Place of Business
**144 FIRST AVE S.
 STE 530
 STE PETERSBURG FL 33701**

Mailing Address
**PO BOX 562
 ST PETERSBURG FL 33701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 First Ave S

3. Mailing Address

Suite, Apt. #, etc.
STE 530

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State

4. FEI Number
59-3678621

Applied For
 Not Applicable

Zip
33701

Country
USA

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

**FARGO, TIMOTHY E
 144 FIRST AVE S., STE 530
 ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

New address

**100 First Ave S, Ste 530
 City St. Petersburg FL Zip Code 33701**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARGO, TIMOTHY E 144 FIRST AVE S., STE 530 ST PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **Timothy Fargo** 1/29/02 227-898-0080
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)