

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000091 (8)

1. Corporation Name

UNITED FINANCIAL ADJUSTING COMPANY



Principal Place of Business

6055 PARKLAND BLVD.
MAYFIELD HEIGHTS OH 44124

Mailing Address

6055 PARKLAND BLVD.
MAYFIELD HEIGHTS OH 44124

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

04/26/1995

4. FET Number

34-1750521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent at bottom of page

Date Registered Agent's Signature typed or printed name

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEWIS, PETER B	
STREET ADDRESS	6000 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORRESTER, W T	
STREET ADDRESS	6060 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6060 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, DAVID M	
STREET ADDRESS	6000 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEMER, PATRICIA O	
STREET ADDRESS	6140 PARKLAND BLVD.	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6300 Wilson Mills Rd.
1.4 CITY-ST-ZIP	Mayfield Village OH 44143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Davies, John M
2.4 CITY-ST-ZIP	6140 Parkland Blvd.
	Mayfield Hts 44124
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6300 Wilson Mills Rd.
3.4 CITY-ST-ZIP	Mayfield Village OH 44143
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6300 Wilson Mills Rd.
4.4 CITY-ST-ZIP	Mayfield Village OH 44143
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Anne Dolohanty 4/18/96

216-446-7902

CR2E034 (12/95)