2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000002913 May 01, 2000 8:00 am **Secretary of State** HUEY T. LITTLETON CLAIMS SERVICE OF MOBILE, INC. 05-01-2000 90417 029 ***150.00 Principal Place of Business Mailing Address P.O. BOX 3312 P.O. BOX 3312 **BEAUMONT TX 77704-3312** BEAUMONT TX 77704-3312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 63-1072656 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. VON SPIEGELFELD, ALLEN K Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD., STE. 1700 **TAMPA FL 33602** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEAUX, PHIL W NAME NAME STREET ADDRESS STREET ADDRESS 1310 INTERSTATE 10 SOUTH, STE. 100 CITY-ST-7IP CITY-ST-ZIP BEAUMONT TX 77707 Addition TITLE ☐ Delete TITLE ☐ Change NAME LITTLETON, HUEY T NAME STREET ADDRESS 2004 MAPLEWOOD DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SULPHUR LA 70663 ☐ Change Addition ☐ Delete TITLE TITLE NAME ·HIRSCHFIELD, HAL-E NAME STREET ADDRESS STREET ADDRESS 2126 SILVER FALLS CITY-ST-ZIP CITY-ST-ZIE KINGWOOD TX 77339 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME

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 ith an address, with all other like empowered.

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR D

☐ Delete

☐ Change

☐ Addition