

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90120 042 ***150.00

DOCUMENT # **640638**

1. Entity Name

U. S. CLAIMS SERVICE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 OLD JENNINGS ROAD

3. Mailing Address

105 OLD JENNINGS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

59-2297038

Applied For

Not Applicable

Zip

Country

32065

Clay

Zip

Country

32065

Clay

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SNIDER, CLARENCE L.

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

105 OLD JENNINGS ROAD

City

ORANGE PARK

FL

Zip Code
32065

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPTD
SNIDER, CLARENCE L.
632 SAN ROBAR DRIVE
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SNIDER, BETTY
632 SAN ROBAR DRIVE
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SNIDER, ALBERT G.
10 RAMS GATE COURT
GREENSBORO, NC 27403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SNIDER, AMY L.
996 LAKE RIDGE DRIVE
ORANGE PARK, FL 32065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-03

904 272 6262

CR2E034B (12/02)