2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J35242** Jan 19, 2000 8:00 am L Entity Name **Secretary of State** CLAIM WRITERS INCORPORATED 01-19-2000 90081 028 ***150.00 Mailing Address Principal Place of Business P. O. BOX 2496 43RD AVE VERO BEACH FL 32961-2496 BEACH FL 32960 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2715824 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name HAMMOND, KATHARINE R. Street Address (P.O. Box Number is Not Acceptable) 1405 21ST STREET VERO BEACH FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE BEUTTELL, LILIAN N. NAME NAME 1850 43rd Ave, #C-8 4800 16TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIF TITLE ☐ Delete TITLE BEUTTELL, VICTORIA M. NAME 4800 16TH ST STREET ADDRESS STREET ADDRESS 0 Beach FL 32960 CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP ☐ Delete · ---_ Change Addition TITLE RUSSO, HELEN B NAME NAME STREET ADDRESS 4790 16 ST STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: