

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35242

1. Entity Name

CLAIM WRITERS INCORPORATED

Principal Place of Business

1850 43RD AVE
C-8
VERO BEACH FL 32960
US

Mailing Address

P. O. BOX 2496
VERO BEACH FL 32961
US

2. Principal Place of Business

1323 21st Street, 2nd Floor
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2496
Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-2715824

Applied For

Not Applicable

Zip
32960

Country
USA

Zip
32961

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, KATHARINE R.
1405 21ST STREET
VERO BEACH FL

7. Name and Address of New Registered Agent

Name

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

City

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.

(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

TITLE PD
NAME BEUTTELL, LILIAN N.
STREET ADDRESS 1850 43RD AVE #C-8
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE D
NAME BEUTTELL, VICTORIA M
STREET ADDRESS 1850 43RD AVE #C-8
CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete

TITLE ST
NAME RUSSO, HELEN B
STREET ADDRESS 4790 16 ST
CITY-ST-ZIP VERO BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE OF Victoria M. Beutell 1-7-02 (561) 567-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90009 047 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)