FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90052 005 ***150.00

DOCUMENT # J85886

1. Entity Name

Claims Investigation Agency, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1830 N. Pine Island Road	P.O. Box 848596
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State: Hollywood, Florida
Zip: 33322-5202 Country:	Zip: 33084-8596 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0087971 — Applied For ☐ / Not Applicable ☒

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James S. Simmons

Street Address (P.O. Box Number is Not Acceptable): 10401 S W 20 Street

City: Davie FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President James S. Simmons 10401 SW 20 St, Davie, Fl. 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Jane Simmons 10401 SW 20 St, Davie, Fl. 33324
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/24/02 954-423-1378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #