

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90292 002 ***150.00

DOCUMENT # K00611

1. Entity Name
FLORIDA CLAIMS BUREAU, INCORPORATED



Principal Place of Business
6015 RESOURCE LANE
BRADENTON FL 34202
US

Mailing Address
P O BOX 17127
SARASOTA FL 34276-127
US



2. Principal Place of Business

3. Mailing Address

1601 Pelican Pt. Dr
H-215

Suite, Apt. #, etc.

City & State
Sarasota

City & State

4. FEI Number **59-2546148**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip
34231

Country
SARASOTA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, ERNEST F.
1601 PELICAN PT DR H-215
SARASOTA FL 34231

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

SIGNATURE *Ernest F. Robinson*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ROBINSON, ERNEST F.**
STREET ADDRESS **6015 RESOURCE LANE**
CITY-ST-ZIP **BRADENTON FL 34202**

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

TITLE ☐ Delete
NAME **1601 Pelican Pt. Dr**
STREET ADDRESS **Sarasota, FL 34231 H-215**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest F. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
DATE **Daytime Phone #**

CR2E034 (10/02)