

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015544

1. Entity Name -

PHOTOFACT CLAIMS SERVICES, L.C.

Principal Place of Business

600 NORTH PINE ISLAND RD., SUITE 400  
PLANTATION FL 33324

Mailing Address

600 NORTH PINE ISLAND RD., SUITE 400  
PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065418

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, WILLIAM B  
215 S MONROE ST., STE 600  
TALLAHASSEE FL 32301

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME RENFLO, TIM A SR.  
STREET ADDRESS 2945 SURREY LN  
CITY-ST-ZIP WESTON FL 33331

TITLE PRESIDENT  
NAME SHARFSTEIN, ERIC  
STREET ADDRESS 831 Monticello Ave  
CITY-ST-ZIP Davie FL 33325 ☒ Change ☒ Addition

TITLE MGR  
NAME PILLUNG, DAVID G  
STREET ADDRESS 5738 NW 61ST PLAGE  
CITY-ST-ZIP PARKLAND FL 33067

TITLE VICE PRESIDENT  
NAME STEINER, STACY  
STREET ADDRESS 8290 Cleary Blvd # 2916  
CITY-ST-ZIP PLANTATION, FL 33324 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/02

(954) 577-2202

Date

Daytime Phone #

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90048 046 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)