2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 28 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000026

1. Entity Name

~~INSURANCE CLAIMS CONSTRUCTION COMPANY, L.C.~~

Guide One Taylor Ball

Principal Place of Business	Mailing Address
6000 WESTOWN PARKWAY, SUITE 210W WEST DES MOINES IA 50266	6000 WESTOWN PARKWAY, SUITE 210W WEST DES MOINES IA 50266-7713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6100 Thornton Ave	6100 Thornton Ave
Suite, Apt. #, etc. Suite 200A	Suite, Apt. #, etc. Suite 200A
City & State Des Moines, IA	City & State Des Moines, IA
Zip 50321 Country	Zip 50321 Country

MDM

4. FEI Number 42-1437309 ☐ 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
SUMNER, VIRGINIA 2106 SEAMAN ROAD TAMPA FL 33612	Name: CT Corp System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road City: Plantation 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)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BALL, DARRYL 6000 WESTOWN PARKWAY WEST DE MOINES IA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TAYLOR, JACK 6000 WESTOWN PARKWAY, SUITE 210W WEST DES MOINES IA 50266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003249316--9 -05/11/00--01121--001 *****50.00-*****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUNDBERG, TOMMY 6000 WESTOWN PKWAY., SUITE 210W WEST DES MOINES IA 50266	☐ 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 / 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

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: Michael Taylor SIGNATURE REQUIRED 4/24/00 551-471-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

T. MICHAEL TAYLOR