

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-05-2001 90334 007 ***150.00

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1. Entity Name

KONITZER CLAIMS SERVICE, INC.

Principal Place of Business

3402 WEST VAN BUREN DRIVE
TAMPA FL 32361-1

Mailing Address

POST OFFICE BOX 13923
TAMPA FL 33681

2. Principal Place of Business

8633 WICKLINE DR.

Suite, Apt. #, etc.

3. Mailing Address

8633 WICKLINE DR.

Suite, Apt. #, etc.

City & State

RIVERVIEW FL.

City & State

RIVERVIEW FL

Zip

33569

Country

USA

Zip

33569

Country

USA

4. FEI Number

59-3626568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

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, 2001 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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
KONITZER, EUGENE A
3402 WEST VAN BUREN DRIVE
TAMPA FL 32361-1

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
KONITZER, PHYLLIS E
3402 WEST VAN BUREN DRIVE
TAMPA FL 32361-1

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
11514 McMullen Loop
RIVERVIEW, FL 33569

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
11514 McMullen Loop
RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: Phyllis E. Konitzer PHYLLIS E. KONITZER

2-3-01

(813) 671-0143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)