

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90624 035 ***150.00

DOCUMENT # P00000031132

1. Entity Name

CLAIM SAVERS, INC.

Principal Place of Business

18818 Arbor Drive
 Lutz, FL 33549

Mailing Address

18818 Arbor Drive
 Lutz, FL 33549

2. Principal Place of Business

14502 N. Dale Mabry Hwy
 Suite, Apt. #, etc.
 Suite 200
 City & State
 Tampa FL

3. Mailing Address

14502 N. Dale Mabry Hwy
 Suite, Apt. #, etc.
 Suite 200
 City & State
 Tampa FL

659666

DO NOT WRITE IN THIS SPACE

Zip
 33618
 Country
 USA

Zip
 33618
 Country
 USA

4. FEI Number

59-3640752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEANGELIS, KATHLEEN E.
 18818 ARBOR DRIVE
 LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name
 Jack Korta
 Street Address (P.O. Box Number is Not Acceptable)
 14502 N. Dale Mabry Hwy
 Suite 200
 City
 Tampa FL Zip Code
 33618

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

Jack Korta

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

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D DEANGELIS, KATHLEEN E. ☐ Delete
 18818 ARBOR DRIVE
 LUTZ, FL 33549

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D DEANGELIS, KATHLEEN E. ☒ Change ☐ Addition
 525 Barley Sheaf Rd.
 Coatesville PA 19320

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

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

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

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

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

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:

Jack Korta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

813-269-8075

Daytime Phone #

CR2E034 (11/00)