

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90145 034 \*\*\*150.00

DOCUMENT # P00000063596

1. Entity Name  
FIRST ADJUSTERS INC.



Principal Place of Business  
20423 STATE ROAD 7  
P.M.B. 467  
BOCA RATON FL 33498

Mailing Address  
20423 STATE ROAD 7  
P.M.B. 467  
BOCA RATON FL 33498



2. Principal Place of Business

1835 E. HALLANDALE BEACH BLVD

3. Mailing Address

1835 E. HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.M.B. 364

P.M.B. 364

City & State

City & State

HALLANDALE FL

HALLANDALE FL

Zip

33009

Country

U.S.A.

Zip

33009

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1027187

Applied For

Not Applicable

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

THE LAW OFFICES OF RANDY N. WEBER, P.A.  
777 BRICKELL AVE.  
SUITE 1114  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COHN, WILLIAM S  
CITY-ST-ZIP 20423 STATE ROAD 7  
BOCA RATON FL 33498

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS COHN, WILLIAM S  
CITY-ST-ZIP 1835 E. HALLANDALE BEACH BLVD., #364  
HALLANDALE FL 33009

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WEBER, WENDY L  
CITY-ST-ZIP 20423 STATE ROAD 7  
BOCA RATON FL 33498

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS WEBER, WENDY L  
CITY-ST-ZIP 1835 E. HALLANDALE BEACH BLVD., #364  
HALLANDALE FL 33009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: William S. Cohn WILLIAM S. COHN 03/15/03 (954) 322-0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0439083 AV

CR2E034 (10/02)