

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075249

1. Entity Name

PREMIER CLAIMS INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

3501 N. UNIVERSITY DR., SUITE 210
CORAL SPRINGS FL 33065

3501 N. UNIVERSITY DR., SUITE 210
CORAL SPRINGS FL 33065

2. Principal Place of Business

1334 North State Rd. 7

3. Mailing Address

Suite, Apt. #, etc. (SAME)

City & State

MARGATE FL

City & State

(SAME)

Zip

33063

Country

USA

Zip

(SAME)

Country

(SAME)

4. FEI Number

22-3773535

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

COOKE, BRIAN J
515 N. FLAGLER DR., SUITE 600
W. PALM BCH FL 33401

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, no title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
President HERBST, NEIL 3501 N. UNIVERSITY DR., SUITE 210 CORAL SPRINGS FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President NEIL HERBST 3501 N. UNIVERSITY DR., SUITE 210 CORAL SPRINGS FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Michael Kennedy 4990 NW 83rd Lane Coral Springs FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President Neil Herbst 7930 Redwood Ln. Parkland FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President Michael Kennedy 4990 NW 83rd Lane Coral Springs FL 33067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-00 954-757-7725

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

01-22-2001 90141 009 ***150.00

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DO NOT WRITE IN THIS SPACE

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