FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90213 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

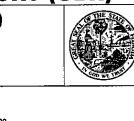
Principal Place of Business

P00000075249

Mailing Address

1. Entity Name

PREMIER CLAIMS INVESTIGATIONS, INC.



1334 N SR 7 1334 N SR 7 MARGATE FL 33063 MARGATE FL 33063 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 22-3773535 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOKE, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 515 N. FLAGLER DR., SUITE 600 W. PALM BCH FL 33401 City Zip Code F 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of estand title if applicable FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE TITLE **PRES** Delete NAME NAME HERBST, NEIL S STREET ADDRESS STREET ADDRESS 7930 REDWOOD LN CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33076 TITLE Change Addition ☐ Delete NAME NAME KENNEDY, MICHAEL D STREET ADDRESS STREET ADDRESS 4990 NW 83 LN CITY-ST-ZIP CITY-ST-ZIP CORAL SPG FL 33067 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 otherside impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SANING OFFICER OF DIRECTOR

1-7-03