

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90016 022 ***150.00

2015776 AV

DOCUMENT # P00000079755

1. Entity Name

PROFESSIONAL CLAIMS SERVICES, INC.

Principal Place of Business

701 N.W. 62ND ST., STE. 201
 FT. LAUDERDALE FL 33309-2045

Mailing Address

701 N.W. 62ND ST., STE. 201
 FT. LAUDERDALE FL 33309-2045

2. Principal Place of Business

5116 South Lakeland Dr.

Suite, Apt. #, etc.

3. Mailing Address

2 P O Box 2688

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

Country

33803 USA

Zip

Country

33806

USA

4. FEI Number

65-1031894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

APPEL, JEFFREY E

701 N.W. 62ND ST., STE. 201
 FT. LAUDERDALE FL 33309-2045

7. Name and Address of New Registered Agent

Name

Appel Jeffrey E.

Street Address (P.O. Box Number is Not Acceptable)

5116 South Lakeland Dr.

Lakeland FL 33813

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

Jeffrey E. Appel, Pres.

1/10/02

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, 2002 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 **VP** ☐ Delete
 NAME **SHIRLEY, KAROL N**
 STREET ADDRESS **2929 NE 49TH ST #20**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **Shirley, Karol**
 STREET ADDRESS **5116 South Lakeland Dr.**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **Pres** ☒ Change ☐ Addition
 NAME **Jeffrey E. Appel**
 STREET ADDRESS **5116 South Lakeland Dr.**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Jeffrey E. Appel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)