

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90129 016 ***150.00

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1. Entity Name
JML ADJUSTERS, INC.



Principal Place of Business
P O BOX 3306
DELAND FL 32721

Mailing Address
P O BOX 3306
DELAND FL 32721

2. Principal Place of Business

3. Mailing Address

PO Box 52038
Suite, Apt. #, etc.

PO Box 52038
Suite, Apt. #, etc.

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number 59-3681011

Applied For
☐ Not Applicable

Zip 32752 **Country** US

Zip 32752 **Country** US

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

TURSE, JOSEPH J JR
134 LEON AVE
DELAND FL 32720

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 JOSEPH J. TURSE, JR.
Signature, typed or printed name of registered agent and title if applicable.

(Not Registered Agent signature required when reinstating)

Date 4/3/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TURSE, JOSEPH J JR
STREET ADDRESS P O BOX 3306
CITY-ST-ZIP DELAND FL 32721

TITLE D ☐ Change ☐ Addition
NAME TURSE, JOSEPH J JR.
STREET ADDRESS PO Box 52038
CITY-ST-ZIP LONGWOOD, FL 32752

TITLE D ☐ Delete
NAME ELVINGTON, MICHAEL W.
STREET ADDRESS PO BOX 1974
CITY-ST-ZIP LAND O LAKES FL 34639

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

TITLE D ☐ Delete
NAME COSBY, LARRY C
STREET ADDRESS 2604 DERBYSHIRE RD
CITY-ST-ZIP MAITLAND FL 32751

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: JOSEPH J. TURSE, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/3/03

Daytime Phone # 386-801-0850

CR2E034 (10/02)