

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90114 041 ***150.00

DOCUMENT # **PO1000037212**

1. Entity Name **TLC Claims Service, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6832 NW 1 CT

3. Mailing Address

7378 W. Atlantic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. FEI Number

65-1094970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Allan Serchay

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

5300 NW 33 Ave

City

Ft. Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **Jeffrey Ellenson**
STREET ADDRESS **6832 NW 1 CT**
CITY - ST - ZIP **Margate FL 33063**

TITLE **Secretary**
NAME **Melissa Ellenson**
STREET ADDRESS **6832 NW 1 CT**
CITY - ST - ZIP **Margate, FL 33063**

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Ellenson

Melissa Ellenson

4/18/02

954-970-1735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #