

**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
Suite, Apt. #, etc.
City & State Margate, FL

3. Mailing Address 7378 W. Atlantic Blvd.
Suite, Apt. #, etc. 436
City & State Margate, FL

DO NOT WRITE IN THIS SPACE

Zip 33063 Country Broward
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4. FEI Number 65-1094970
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Jeffrey Ellenson</u> <u>6832 NW 1 CT</u> <u>Margate FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Melissa Ellenson</u> <u>6832 NW 1 CT</u> <u>Margate, FL 33063</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #