

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91425 030 \*\*\*150.00

0624909 AV

**DOCUMENT # P01000047750**

1. Entity Name

**ALL FLORIDA CLAIMS & INVESTIGATIONS, INC.**

Principal Place of Business

Mailing Address

**4104 BENT TREE BOULEVARD  
 SARASOTA FL 34241**

**4104 BENT TREE BOULEVARD  
 SARASOTA FL 34241**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 21324**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Sarasota FL**

4. FEI Number

**65-1109440**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34276**

**Sarasota**

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

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name

**Sandra L. Carlson**

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

**233 S. Blvd of the Presidents**

City

**Sarasota**

FL

Zip Code

**34236**

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

*Sandra L. Carlson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-15-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **HARMAN, DAVID**  
 STREET ADDRESS **4104 BENT TREE BOULEVARD**  
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **STD** ☐ Delete  
 NAME **HARMAN, KIMBERLEE F**  
 STREET ADDRESS **4104 BENT TREE BOULEVARD**  
 CITY-ST-ZIP **SARASOTA FL 34241**

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

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: *Harman Kimberlee Harman***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02**

Date

**943 386 5161**

Daytime Phone #

CR2E034 (9/01)