

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000047750

FILED
Mar 14, 2003
Secretary of State

Entity Name: ALL FLORIDA CLAIMS & INVESTIGATIONS, INC.

Current Principal Place of Business:

4104 BENT TREE BOULEVARD
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

P.O BOX 21324
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 65-1105440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, SANDRA L
233 S BLVD OF THE PRESIDENTS
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMAN, DAVID
Address: 4104 BENT TREE BOULEVARD
City-St-Zip: SARASOTA, FL 34241

Title: STD () Delete
Name: HARMAN, KIMBERLEE F
Address: 4104 BENT TREE BOULEVARD
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEE F HARMAN

STD

03/14/2003

Electronic Signature of Signing Officer or Director

Date