

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90044 018 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000085473**

1. Entity Name

CLAIMS-WAREHOUSING, INC.

Principal Place of Business

185 VILLA DI ESTE TERRACE APT #213  
 LAKE MARY FL 32746

Mailing Address

185 VILLA DI ESTE TERRACE APT #213  
 LAKE MARY FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3741010

Applied For

Not Applicable

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

WALZER, JAMES L

185 VILLA DI ESTE TERRACE APT #213  
 LAKE MARY FL 32746

Name

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

6277 Graycliff Drive B

City

Boca Raton

FL

Zip Code

33496

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) ☐

**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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPV  
 WALZER, JAMES L  
 185 VILLA DI ESTE TERRACE APT #213  
 LAKE MARY FL 32746

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ST  
 WALZER, JAMES L  
 185 VILLA DI ESTE TERRACE APT #213  
 LAKE MARY FL 32746

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 6277 Graycliff Drive, B  
 Boca Raton, FL 33496

TITLE NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 6277 Graycliff Drive, B  
 Boca Raton, FL 33496

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

516-742-3330

Date

Daytime Phone #

CR2E034 (9/01)