

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90545 003 \*\*\*150.00

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**DOCUMENT # P01000085473**

1. Entity Name

CLAIMS-WAREHOUSING, INC.



Principal Place of Business

185 VILLA DIESTE TERRACE APT #213  
LAKE MARY FL 32746

Mailing Address

185 VILLA DIESTE TERRACE APT #213  
LAKE MARY FL 32746

2. Principal Place of Business

6276 ISLAND BEND

Suite, Apt. #, etc.

C

3. Mailing Address

6276 ISLAND BEND

Suite, Apt. #, etc.

C

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33496

Country

US

Zip

33496

Country

US

4. FEI Number

59-3741010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WALZER, JAMES L

6276 ISLAND BEND C  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPV  
NAME WALZER, JAMES L  
STREET ADDRESS 6276 ISLAND BEND C  
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE ST  
NAME WALZER, JAMES L  
STREET ADDRESS 6276 ISLAND BEND C  
CITY-ST-ZIP BOCA RATON FL 33496

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TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James L Walzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)