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2002	UNIFO	RM B	USIN	ESS	REP(DRT	(UB
DOCUM	ENT#	PO:	וחחחו	ายลา	30		

1. Entity Name

PAY QUICK CLAIM SERVICES, INC.

Principal Place of Business

1919 BLANDING BOULEVARD

SUITE 5

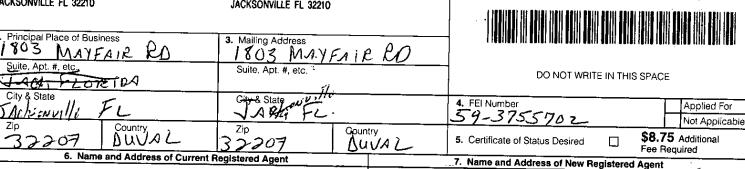
JACKSONVILLE FL 32210

Mailing Address

1919 BLANDING BOULEVARD

SUITE 5

JACKSONVILLE FL 32210



SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145**

Name and Address of New Registered Agent	•
Name SACY F. MCCORMACK	
Street Address (P.O. Box Number is Not Acceptable)	

8 The above named antity submits this statement for the	1 10 10 10 11 118	
8. The above named entity submits this statement for the purpose of changi	ng its registered office or registered agent, or both, in the	e State of Florida.
SIGNATURE SIGNATURE SIGNATURE	STACY F. MCCORMACK	4/25/02
Signature, typed of 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing

\$5.00 May Be

(See crite	eria on back)	涇	Make Check Paya	ble to Department o	of State	Trust Fund Contribution.	☐ Adde	d to Fees	
.11. OFFICERS AND DIRECTORS				12,	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALL, GEORGE H 1919 BLANDING BOU JACKSONVILLE FL 32		Delete 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FACY F.	MCCORMACK TYFAIR RD FL. 32209	∑ Change	Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

13. Thereby 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

CITY-ST-ZIP

CITY-ST-ZIP