

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90001 030 ***150.00

DOCUMENT # P01000094201

1. Entity Name
NETWORK CLAIMS SOLUTION USA, INC.

WRONG
ADDRESS
←

Principal Place of Business
740 19TH STREET SW
NAPLES, FL 34117

Mailing Address
P.O. BOX 990684
NAPLES, FL 34116

54056871

2. Principal Place of Business
1502 Serenity Circle

3. Mailing Address
P.O. Box 112109



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-P

CR2E034 (10/03)

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-3748166

Applied For
Not Applicable

Zip
34110

Country
USA

Zip
34108-0137

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIETBOEHL, EDWARD
740 19TH ST. S.W.
NAPLES, FL 34117

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
TIETBOEHL, EDWARD L
P.O. BOX 990684
NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Edward L Tietboehl

5/30/04

239-597-3498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment
Doc. # 01000094201 540526871
Network Claims Solution of South Florida, Inc.

P.O. Box 112109 Naples, FL 34108-0137

Office: (239) 597-3498 Fax: (239) 591-3610

Email: ncsclaims@comcast.net

May 30, 2004

Florida Dept of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find our 2004 corporate UBR reports for Network Claims Solution of South Florida and Network Claims Solution USA respectively. Attached are each companies filing fees for \$150.00 each.

We did not receive notification and consequently are submitting late. Please note that our place of business and mailing address has changed. I hope you will excuse the late fees in this case, but I can be contacted at 239-597-3498 if there are any questions. Please update your records so this will not occur again. This is not our usual manner of doing business; I apologize for any inconvenience and appreciate your consideration with this.

Sincerely,

Caterina Tietboehl/ Vice-President
Network Claims Solution of South Florida, Inc.