

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91191 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000096122** ✓  
 1. Entity Name  
**JAKAL CLAIMS SOLUTIONS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3235 GLENRIDGE DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3235 GLENRIDGE DRIVE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM HARBOR, FL**

City & State  
**PALM HARBOR, FL**

4. FEI Number  
**59-3749002**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip  
**34685** Country  
**USA**

Zip  
**34685** Country  
**USA**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**JOSEPH E. HEPP, III**

Street Address (P.O. Box Number is Not Acceptable)  
**3235 GLENRIDGE DRIVE**

City  
**PALM HARBOR** FL Zip Code  
**34685**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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			
TITLE P	NAME JOSEPH E. HEPP, III	TITLE	
STREET ADDRESS 3235 GLENRIDGE DRIVE	STREET ADDRESS 3235 GLENRIDGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR, FL 34685	CITY-ST-ZIP PALM HARBOR, FL 34685	CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
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TITLE	NAME	TITLE	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **x Joseph E Hepp III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **x 4/30/02 x 722-767-7580**  
Date Daytime Phone #

CR2E034B (12/01)