

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90270 040 \*\*\*150.00

**DOCUMENT # P01000112400**

1. Entity Name

**ACCU-RITE CLAIMS SERVICES, INC.**

Principal Place of Business

**5080 CHAVES CIRCLE  
 PORT CHARLOTTE FL 33948**

Mailing Address

**PO BOX 324  
 ENGLEWOOD FL 34295**

**80089060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4055 TAMIAH TRAIL #9**

3. Mailing Address

**PO BOX 380311**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Port CHARLOTTE FL**

City & State

**Murdoch FL**

4. FEI Number

**65-1154441**

Applied For

Not Applicable

Zip

**33952**

Country

**CHARLOTTE**

Zip

**33938**

Country

**CHARLOTTE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHOLTENS, DAVID  
 5080 CHAVES CIRCLE  
 PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name **Tom Coyne**

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

**4055 TAMIAH TRAIL #9**

City

**Port CHARLOTTE**

**FL**

Zip Code

**33952**

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

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

TITLE **D** ☐ Delete  
 NAME **COYNE, TOM**  
 STREET ADDRESS **14214 FORT WORTH CIRCLE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☒ Delete  
 NAME **PEGG, ANTHONY V SR**  
 STREET ADDRESS **16546 N.E. 26TH AVE #6E**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **D** ☐ Delete  
 NAME **SCHOLTENS, DAVID**  
 STREET ADDRESS **5080 CHAVES CIRCLE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **Coyne, Tom**  
 STREET ADDRESS  
 CITY-ST-ZIP **Port Charlotte FL**

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

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Scholtens, David** **Not A Director**  
 STREET ADDRESS  
 CITY-ST-ZIP **Port Charlotte FL**

TITLE **Kelley, Diana** ☒ Change ☐ Addition  
 NAME **Secretary, Treasurer**  
 STREET ADDRESS **4055 TAMIAH TRAIL #9**  
 CITY-ST-ZIP **Port CHARLOTTE FL 33952**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

Date

Daytime Phone #

CR2E034 (9/01)