

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90169 022 ***150.00

0547366 AV

DOCUMENT # P02000005530

1. Entity Name
PROPERTY CLAIMS, INC.



Principal Place of Business
1101 6TH AVENUE WEST
114
BRADENTON FL 34241

Mailing Address
1101 6TH AVENUE WEST
114
BRADENTON FL 34241



2. Principal Place of Business

3. Mailing Address

1101 6th Ave West

1101 6th Ave W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 207

207

City & State

City & State

Bradenton FL

Bradenton FL

Zip

Country

Zip

Country

34205

USA

34205

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0574375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IERULLI, PAM S
4738 CHARING CROSS ROAD
SARASOTA, FL 34241

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME IERULLI, PAM S
STREET ADDRESS 4738 CHARING CROSS ROAD
CITY-ST-ZIP SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME IERULLI, NICHOLAS
STREET ADDRESS 4738 CHARING CROSS ROAD
CITY-ST-ZIP SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Pam Ierulli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

941-747-972

Date Daytime Phone #

CR2E034 (10/02)