

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90097 050 \*\*\*550.00

0010641 AV

**DOCUMENT # P02000009719**

1. Entity Name

**PRICE BANFIELD CLAIM MANAGEMENT, INC.**



Principal Place of Business  
**125 SOUTH SWOOPE AVENUE  
SUITE 110  
MAITLAND FL 32751**

Mailing Address  
**125 SOUTH SWOOPE AVENUE  
SUITE 110  
MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-3025820**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, VINCENT C SR.  
8 SOUTH OSCEOLA AVENUE  
2414  
ORLANDO FL 32801**

Name **PRICE, VINCENT C., SR.**  
Street Address (P.O. Box Number is Not Acceptable)

**308 Meridian Lane  
City Melbourne Beach FL Zip Code 32951**

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]* DATE 7/1/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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  
NAME **CEO**  
STREET ADDRESS **PRICE, VINCENT C SR.**  
CITY-ST-ZIP **8 SOUTH OSCEOLA AVE, 2414  
ORLANDO FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS **308 Meridian Lane** ☒ Change ☐ Addition  
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE  
NAME **P**  
STREET ADDRESS **BANFIELD, MARSHA Y**  
CITY-ST-ZIP **2172 CHANTILLY TERRACE  
OVIEDO FL 32765** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/2003 (407) 6444325  
Date Daytime Phone #

CR2E034 (4/03)