

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0134916 AT

DOCUMENT # P02000080556

1. Entity Name
AUTOMATED CLAIMS & BUSINESS SERVICES, INC.



FILED

03 SEP 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13510 FAWN RIDGE BLVD.
TAMPA FL 33626

Mailing Address
P.O. BOX 272392
TAMPA FL 33688

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 59-3441575

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

ANDERSON, VANESSA S
13510 FAWN RIDGE BLVD.
TAMPA FL 33626

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 \$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 P
NAME ANDERSON, VANESSA S
STREET ADDRESS 13510 FAWN RIDGE BLVD.
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100023554011
CITY-ST-ZIP 10/03/03--01081--019 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

VANESSA S ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

813-792-0008

Daytime Phone #

CR2E034 (4/03)

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August 22, 2003

Department of Corporations
UBR Filings, P.O. Box 1500, Tallahassee, FL 32302-1500

Re: Automated Claims
+ Business Services, Inc.

To Whom It May Concern:

I am requesting that the late fee be waived.

I did not receive prior notice to file this Report (UBR). This is the first notice that I have received. I am enclosing a check in the amount of \$150.00 for the filing fee.

Vanessa S. Anderson, Registered Agent
Automated Claims + Business Services, Inc.