

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 039 ***150.00

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DOCUMENT # P02000104540

1. Entity Name

TLM CLAIMS SERVICES, INC.



Principal Place of Business

502 WEKIVA COVE RD
LONGWOOD FL 32779

Mailing Address

502 WEKIVA COVE RD
LONGWOOD FL 32779

2. Principal Place of Business

4940 Thames Ln

Suite, Apt. #, etc.

3. Mailing Address

4940 Thames Ln

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota FL

City & State

Sarasota FL 34238

4. FEI Number

02-0645256

Applied For

Not Applicable

Zip

34238

Country

Sarasota

Zip

34238

Country

Sarasota

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, TRACI

502 WEKIVA COVE RD

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Traci McKnight

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

4940 Thames Ln

City

Sarasota

FL

34238

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

Traci McKnight

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Traci McKnight
4940 Thames Ln
Sarasota FL 34238

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

(407) 2022-4144

Daytime Phone #

CR2E034 (10/02)