## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000115375

Entity Name: ADVOCATE CLAIM SERVICE, INC.

FILED Jun 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9900 W. SAMPLE ROAD SUITE #317 CORAL SPRINGS, FL 33065 **New Mailing Address: Current Mailing Address:** 9900 W. SAMPLE ROAD **SUITE #317** CORAL SPRINGS, FL 33065 FEI Number: 06-1656448 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VENOOK, STEVEN D 9900 W. SAMPLE ROAD SUITE #317 CORAL SPRINGS, FL 33065 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition Title: PRFS () Delete Title: VENOOK, STEVEN Name: Name:

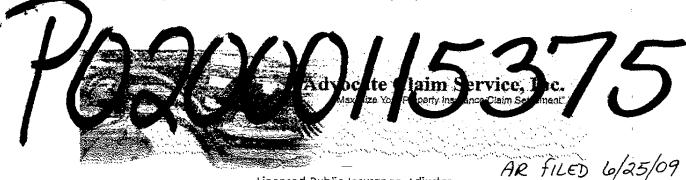
 Name:
 VENOOK, STEVEN
 Name:

 Address:
 9900 W. SAMPLE ROAD, SUITE #317
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065 BR
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN VENOOK PRES 06/25/2009



Licensed Public Insurance Adjuster Via fax 850 245 6017 & regular mail

July 13, 2009

Division of Corporation Atten: Annual Report Section P.O. Box 6327 Tallahassee, FL 32314

RE: P02000115375 06-1656448

Dear Annual Report Section,

I am seeking a refund of the \$400.00 penalty for the late filing. The reason for the late filing is that I never received written notification from your department that my corporate filing was due; and did not see the check mark option on the internet filing to avoid the penalty. Your help in this matter would greatly be appreciated in this financially challenging time.

Please refund the penalty fee to Advocate Claim Service.

Sincerely,

Steven Venook, President

Advocate Claim Service, Inc. 9900 West Sample Road #317 Coral Springs, FL 33066

954 978 0886 tel 954 978 9086 fax

P02000115375 6-25-09

## **FAX COVER SHEET**

ТО	Annual Rpt Section
COMPANY	Division of Corporations
FAX NUMBER	18502456017
FROM	Steven Venook
DATE	2009-07-13 18:33:43 GMT
RE	Refund Penalty for late filing

## **COVER MESSAGE**

July 13, 2009

Division of Corporation

Atten: Annual Report Section

P.O. Box 6327

Tallahassee, FL 32314 RE: P02000115375

06-1656448

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Please refund the penalty fee to Advocate Claim Service.

Sincerely,

Steven Venook, President Advocate Claim Service, Inc. 9900 West Sample Road #317 Coral Springs, FL 33066 954 978 0886 tel 954 978 9086 fax