

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90848 028 ***150.00

DOCUMENT # P02000119217

1. Entity Name
ADVOCATES FOR DISABILITY CLAIMANTS, INC.



Principal Place of Business

% C.E. STEINBERG
412 MARSH POINT CIRCLE
ST. AUGUSTINE FL 32080

Mailing Address

% C.E. STEINBERG
412 MARSH POINT CIRCLE
ST. AUGUSTINE FL 32080



2. Principal Place of Business

2447 US Hwy 1, South
Suite, Apt. #, etc.

3. Mailing Address

2447 US Hwy 1, South
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

54-2085363

Applied For

Not Applicable

Zip
32086

Country
ST. JOHNS

Zip

32086

Country

ST. JOHNS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, CHARLES E
412 MARSH POINT CIRCLE
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STEINBERG, CHARLS E
412 MARSH POINT CIRCLE
ST. AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOUNG, DIANE P
25 ZAMORA ST.
ST. AUGUSTINE FL 32080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. STEINBERG

Date

Daytime Phone #

2/19/03 904 294 1900

CR2E034 (10/02)