

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # 002000119217

1. Entity Name

*Advocates For Disability
Claimants, Inc.*



FILED

**Sep 28, 2003 8:00 A.M.
Secretary of State**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2447 U.S. 1 South

3. Mailing Address

2447 U.S. 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL

City & State

St. Augustine, FL

4. FEI Number

54-2085363

Applied For

Not Applicable

Zip

32086

Country

U.S.A.

Zip

32086

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles E. Steinberg

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

412 Marsh Point Circle

City

St. Augustine

FL

Zip Code

32080

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President / Director*
NAME *Bill Ossmer*
STREET ADDRESS *25 Zamora St.*
CITY-ST-ZIP *St. Augustine, FL 32084*

TITLE *Dianne Young V.*
NAME *Dianne Young V.*
STREET ADDRESS *25 Zamora St.*
CITY-ST-ZIP *St. Augustine, FL 32084*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bill Ossmer, Bill Ossmer, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/03

Date

904-794-6900

Daytime Phone #