

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91039 024 ***150.00

DOCUMENT # P02000125305

1. Entity Name

ACCELERATED BILLING CLAIMS INC.



Principal Place of Business
**5315 FRANKLIN RESERVE DR
PLANT CITY FL 33565**

Mailing Address
**5315 FRANKLIN RESERVE DR
PLANT CITY FL 33565**



2. Principal Place of Business

4402 N Melfon Ave

3. Mailing Address

4402 N Melfon Ave

Suite, Apt. #, etc.

705

Suite, Apt. #, etc.

105

City & State

Tampa FL

City & State

Tampa 33614 FL

Zip

33604

Country

Hillsborough

Zip

33614

Country

Hillsborough

4. Fee Number

17185 8078

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

**CLARK, LOIS
5315 FRANKLIN RESERVE DR
PLANT CITY FL 33565**

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 **Lois Clark**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

**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	D	<input type="checkbox"/> Delete
NAME	CLARK, LOIS	
STREET ADDRESS	5315 FRANKLIN RESERVE DR	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEREMIAH, CHANDY	
STREET ADDRESS	P O BOX 48784	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DEBRA	
STREET ADDRESS	1018E E 32 AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEFNER, DIANE	
STREET ADDRESS	2459 FRANCISCAN DR #51	
CITY-ST-ZIP	CLEARWATER FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Debra Taylor**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/03** Daytime Phone # **813 890-3887**

CR2E034 (10/02)