

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90242 018 ***150.00

DOCUMENT # P03000002580

1. Entity Name

CENTRAL FLORIDA CLAIMS & BROKERAGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

108 ILLINOIS

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 534

Suite, Apt. #, etc.

54030307

DO NOT WRITE IN THIS SPACE

City & State

WAUCHULA, FLA

City & State

WAUCHULA, FLA

4. FEI Number

57-1145135

Applied For

Not Applicable

Zip

33873

Country

USA

Zip

33873

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PATRICIA JOHNSON

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

108 ILLINOIS

City

WAUCHULA

FL

Zip Code

33873

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATRICIA JOHNSON P.O. BOX 534 WAUCHULA, FLA. 33873	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Patricia Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/04 863-773-6677