


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

DOCUMENT # P03000147986	
1. Entity Name CHANNELSIDE ADJUSTERS, INC.	

FILED
06 FEB 28 PM 3:37
SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 524 Seventh Avenue North		3. Mailing Address P.O. Box 20651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Petersburg, Florida		City & State Tampa, Florida	
Zip 33701	Country United States	Zip 33622-0651	Country
4. FEI Number 542136419		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable)	
	1840 Southwest 22 Street, 4th Floor	
	City Miami	Zip Code FL 33145

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, **SPIEGEL & UTRERA, P.A.**

SIGNATURE By: *Natalia Utrera* **Natalia Utrera, Vice President**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Lori A. Diaz 524 Seventh Avenue North St. Petersburg, Florida 33701	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: *Lori A. Diaz* **Lori A. Diaz, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)