

P05000081159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

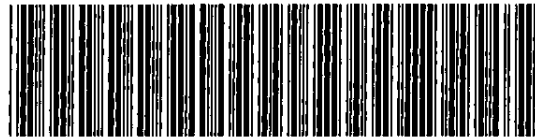
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700076288717

*RA Change
Taxes*

06/28/06--01017--004 **35.00

FILED

06 JUL 13 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Apex Claims Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000081159

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Forsythe
(Name of Contact Person)

Apex Claims Services, Inc.
(Firm/Company)

P.O. Box 3364
(Address)

Riverview FL 33568
(City/State and Zip Code)

For further information concerning this matter, please call:

James Forsythe at (813) 657-3469
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2006

JAMES FORSYTHE
APEX CLAIMS SERVICES, INC.
P. O. BOX 3364
RIVERVIEW, FL 33568

SUBJECT: APEX CLAIMS SERVICES, INC.
Ref. Number: P05000081159

We have received your document for APEX CLAIMS SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 406A00043601

RECEIVED
JUL 11 2006
DIVISION OF CORPORATIONS

