

P07000008621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

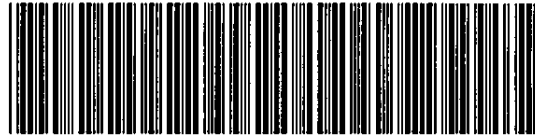
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-7-07  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: UNITED STATES CLAIM ADJUSTERS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PD7000008621

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSS HEINZMAN  
(Name of Person)

UNITED STATES CLAIM ADJUSTERS, INC.  
(Name of Firm/Company)

10640 NW 26TH PLACE  
(Address)

SUNRISE FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSS HEINZMAN at ( 954 ) 732-3873  
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

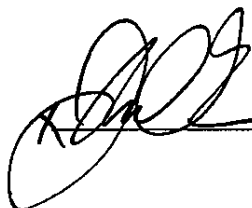
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOHN M. O'KEEFE, hereby resign as VP (Title)

of UNITED STATES CLAIM ADJUSTERS, INC.  
(Name of Corporation)

P07000008621, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

**FILED**  
07 JUN - 7 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314