

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/01

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-02-2001 90070 012 ****61.25
03-19-2001 90457 022 ****88.75

DOCUMENT # P14930

1. Entity Name
UNIVERSAL ADJUSTERS, INC.

Principal Place of Business

Mailing Address

429 N. DAININ ST
P.O. BOX 2500
THOMASVILLE GA 31799-2500
US

429 N. DANSON ST
P.O. BOX 2500
THOMASVILLE GA 31799-2500
US

2. Principal Place of Business

3. Mailing Address

429 N. DAININ ST
Suite, Apt. #, etc.

429 N. DANSON ST
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1735098**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEEL, SAMUEL R III
215 S. MONROE STREET
TALLAHASSEE FL 32301

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.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CALDWELL, JAMES R.	
STREET ADDRESS	5116 ILE DE FRANCE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CALDWELL, NANCY B.	
STREET ADDRESS	5116 ILE DE FRANCE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

1-800-582-1325

Daytime Phone #

CR2E034 (10/00)