2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # P38076 1. Entity Name THE CLAIMS SOLUTION OF GEORGIA, INC. 02-20-2002 90048 008 ***150.00 Principal Place of Business Mailing Address 1950 CENTURY BOULEVARD, SUITE 4 1950 CENTURY BOULEVARD, SUITE 4 ATLANTA GA 30345 ATLANTA GA 30345 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1968348 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IVESTOR, TAMI Street Address (P.O. Box Number is Not Acceptable) 13575 58TH STREET NORTH, SUITE 148 **CLEARWATER FL 33760** City 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. SIGNAT/URE 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete MCWILLIAMS, GAIL NAME NAME STREET ADDRESS 1950 CENTURY BOULEVARD, SUITE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30345 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WILLIAMS, ROBERTA STREET ADDRESS STREET ADDRESS 1950 CENTURY BOULEVARD, SUITE 4 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30345 ☐ Change ☐ Addition TITLE Delete TITLE IVESTOR, TAMI NAME NAME STREET ADDRESS STREET ADDRESS 13575 58TH STREET NORTH, SUITE 148 CITY-ST-ZIE CITY-ST-ZIP CLEARWATER FL 33760 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME

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. changed, or on an attachment

STREET ADDRESS CITY-ST-ZIP

·安徽联系第3675 SIGNATURE

STREET ADDRESS

Date

Daytime Phone #