

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020990

1. Entity Name
NATIONAL CATASTROPHE CLAIMS OF FLORIDA, INC.

FILED
Sep 03, 2002 8:00 am
Secretary of State

02-11-2002 90111 008 ***150.00
09-03-2002 90113 020 ***550.00

Principal Place of Business

~~1620 MEDICAL LANE~~

~~FT MYERS FL 33907~~

~~US~~

Mailing Address

7539 E 1ST ST
SCOTTSDALE AZ 85251
US

2. Principal Place of Business

1342 Colonial Blvd

Suite, Apt. #, etc.

F 41-A

City & State

Ft. Myers, FL

Zip

33907

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

4. FEI Number

65-0396223

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLIDAY, JANE L

~~1620 MEDICAL LANE~~

~~SUITE 220~~

~~FT MYERS FL 33907~~

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

1342 Colonial Blvd - F41-A

City

Ft. Myers

FL

Zip Code

33907

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.

SIGNATURE

Jane L. Holliday

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

(NOTE: Registered Agent signature required when reinstating)

8-27-02

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE PD
NAME HOLLIDAY, JANE L
STREET ADDRESS 1620 MEDICAL LANE #220
CITY-ST-ZIP FT MYERS FL 33907

☒ Delete

TITLE Owner - President
NAME Jane L. Holliday
STREET ADDRESS 1342 Colonial Blvd F41-A
CITY-ST-ZIP Ft. Myers, FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jane L. Holliday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-02

Date

480-994-5188

Daytime Phone #

CR2E034 (4/02)