

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90086 015 ***150.00

DOCUMENT # P93000041194

1. Entity Name

CLAIMS PROFESSIONALS ASSOCIATED, INC.

Principal Place of Business

Mailing Address

2831 NW 41ST STREET
 STE E
 GAINESVILLE FL 32606
 US

2811 N.W. 41ST STREET
 BUILDING C
 GAINESVILLE FL 32606

2. Principal Place of Business

11801 Research Dr

Suite, Apt. #, etc.

3. Mailing Address

11801 Research Dr

Suite, Apt. #, etc.

City & State

ALACHUA, FL

Zip

32615

Country

City & State

ALACHUA, FL

Zip

32615

Country

4. FEI Number

59-3186197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS H JR
 2811 N.W. 41ST STREET
 BUILDING C
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name
 Thompson, Douglas H Jr
 Street Address (P.O. Box Number is Not Acceptable)
 11801 Research Dr

City
 ALACHUA

FL

Zip Code
 32615

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

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

(NOTE: Registered Agent signature required when reinstating)

1/22/01
 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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DOUGLAS H JR.	
STREET ADDRESS	2811 N.W. 41ST STREET, BUILDING C	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM W	
STREET ADDRESS	2811 N.W. 41ST STREET, BUILDING C	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Douglas H. Jr	
STREET ADDRESS	11801 Research Dr	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, William W	
STREET ADDRESS	11801 Research Dr	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

William W. Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01 (904) 418-4003

CR2E034 (10/00)