

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90163 040 ***150.00

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DOCUMENT # P93000049307

1. Entity Name
FLORIDA ASSOCIATED ADJUSTERS, INC.



Principal Place of Business
**4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE FL 32207**

Mailing Address
**4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3199248**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSS, LARIE E
4604 ATLANTIC BLVD.
SUITE 3
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	CURLEY, JOHN J	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARNELL, FRANKLIN	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	ATLANTIC BCH. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGS, ROBERT	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RILEY, WILLIAM E	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RUSS, LARIE E	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAGE, JOSEPH	
STREET ADDRESS	4604 ATLANTIC BLVD., #3	
CITY-ST-ZIP	JACKSONVILLE FL	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03 904-346-7796
Date Daytime Phone #

CR2E034 (10/02)