

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93 000056128**

1. Entity Name

NU-Line Claims Incorporated

Principal Place of Business

**1226 Fruitville Rd
Sarasota, Florida
34230**

Mailing Address

**P.O. Box 49964
Sarasota, FL 34236**

2. Principal Place of Business

**1226 Fruitville Rd
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 49964
Suite, Apt. #, etc.**

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0443101

Applied For

Not Applicable

Zip

34230

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Sandra Rantz
850 Pacer St
Laurel, FL 34272**

7. Name and Address of New Registered Agent

**Name: Dr. Allen Langdon
Street Address (P.O. Box Number is Not Acceptable):
125 First Ave
Nokomis, FL
City: FL Zip Code: 34275**

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

NOT: Registered Agent signature required when reinstating

DATE

5/12/00

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Sandra L. Rantz	
STREET ADDRESS	850 Pacer St	
CITY-ST-ZIP	Laurel, FL 34272	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary E. Humperson, Jr.	
STREET ADDRESS	2048 Fairfield Ave.	
CITY-ST-ZIP	Sarasota, FL 34232	
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		
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

Check # 0358

5/12/00

Date

Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90066 006 ***150.00

80101323

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)