

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056178

1. Entity Name  
NU - LINE CLAIMS INCORPORATED

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90041 001 \*\*\*150.00

Principal Place of Business

1226 FRUITVILLE RD  
SARASOTA FL 34230  
US

Mailing Address

PO BOX 49964  
SARASOTA FL 34236  
US

2. Principal Place of Business

635 S. Orange Ave # 4  
Suite, Apt. #, etc.  
#4

3. Mailing Address

PO Box 49964  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL  
Zip 34236 Country USA

City & State

Sarasota, FL  
Zip 34230 Country USA

4. FEI Number 65-0443101

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGDON, ALLEN DR  
125 FIRST AVE  
NOKOMIS FL 34272

7. Name and Address of New Registered Agent

Name Sandra L. Pertz  
Street Address (P.O. Box Number is Not Acceptable)  
850 PACER ST  
City Laurel FL Zip Code 34272

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 *Sandra L. Pertz*

(NOTE: Registered Agent signature required when reinstating)

3-13-01

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	P	<input type="checkbox"/> Delete
NAME	SANDRA L. PERTZ	
STREET ADDRESS	850 PACER STREET, P. O. BOX 655	
CITY-ST-ZIP	LAUREL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUMBERSON, GARY E JR	
STREET ADDRESS	2048 FAIRFIELD AVE	
CITY-ST-ZIP	SARASOTA FL 34232	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Sandra L. Pertz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-13-01 941-953-3331

Date

Daytime Phone #

0544612

CR2E034 (10/00)