

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-03-2002 90001 050 ***150.00

DOCUMENT # P93000056178	
1. Entity Name NU - LINE CLAIMS INCORPORATED	
Principal Place of Business 635 S ORANGE AVE #4 SARASOTA FL 34236 US	Mailing Address PO BOX 49964 SARASOTA FL 34230 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0443101		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERTZ, SANDRA L 850 PACER ST LAUREL FL 34272		Name <u>Pertz, Sandra L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7356 Mara Vista Dr</u> City <u>Sarasota</u> FL <u>34238</u>	

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, pres. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDRA L. PERTZ 850 PACER STREET, P. O. BOX 655 LAUREL FL 7356 Mara Vista Dr Sarasota, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra L. Pertz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7356 Mara Vista Dr Sarasota, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMBERSON, GARY E JR 2040 FAIRFIELD AVE SARASOTA FL 34232 1875 Goldenrod	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Humberson, Gary E. Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1875 Goldenrod Drive Sarasota, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra L. Pertz 941-953-3331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)