

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000062364**

1. Entity Name

PROFESSIONAL CLAIMS PROCESSING, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90008 015 ***150.00

Principal Place of Business

**10774 SEA CLIFF CR.
BOCA RATON FL 33498**

Mailing Address

**10774 SEA CLIFF CR.
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 970157

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FLORIDA

Zip

Country

Zip

Country

33498-0157**USA**

4. FEI Number

65-0430030

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ALLEN, ROBERT H
10774 SEA CLIFF CR.
BOCA RATON FL 33498**

Name

ELIZABETH ALLEN

Street Address (P.O. Box Number is Not Acceptable)

10774 SEA CLIFF CIRCLE

City

BOCA RATON**FL**

Zip Code

33498

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

Elizabeth H Allen

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-019. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
VT	ALLEN, ROBERT H.	10774 SEA CLIFF CR.	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PS	ALLEN, ELIZABETH	10774 SEA CLIFF CIR.	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Elizabeth H Allen* **ELIZABETH ALLEN** **4-15-01** **5614821093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)