

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90359 041 ***150.00

DOCUMENT # P93000062364

1. Entity Name
PROFESSIONAL CLAIMS PROCESSING, INC.



Principal Place of Business
**10774 SEA CLIFF CR.
BOCA RATON FL 33498**

Mailing Address
**PO BOX 970157
BOCA RATON FL 33497-0157**



2. Principal Place of Business
3490 QUAIL COURT

3. Mailing Address
3490 QUAIL COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FLORIDA

City & State
MELBOURNE FLORIDA

4. FEI Number **65-0430030**

Applied For
Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

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

Name **ELIZABETH ALLEN**

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

3490 QUAIL COURT

City **MELBOURNE**

FL

Zip Code **32935**

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 *Elizabeth Allen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/01/03
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 **PST** ☐ Delete
NAME **ALLEN, ELIZABETH**
STREET ADDRESS **10774 SEACLIFF CIR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Elizabeth Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/03 561 756 1232
Date Daytime Phone #

CR2E034 (10/02)