

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90001 046 ***150.00

DOCUMENT # *9500003382*

1. Entity Name

*Network Claims Solution of
South Florida, Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1502 Serenity Circle

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 112109

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

USA

Zip

34108-0137

Country

4. FEI Number

65-0549788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Caterina Tietboehl

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

1502 Serenity Circle

City

Naples,

FL

Zip Code

34110

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/04

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE	VICE-PRESIDENT
NAME	CATERINA TIETBOEHL
STREET ADDRESS	1502 Serenity Circle
CITY-STATE-ZIP	Naples, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
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CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/04 239-597-3498

Date

Daytime Phone #

CRS0248 112102