

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000039840

1. Entity Name  
CPI CLAIMS CORP. OF ORLANDO

Principal Place of Business  
2851 ABNEY AVE  
ORLANDO FL 32833

Mailing Address  
2851 ABNEY AVE  
ORLANDO FL 32833-4308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3318717

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required  
\$8.75

6. Name and Address of Current Registered Agent  
MOGUS, MAUREEN  
2851 ABNEY AVE  
ORLANDO FL 32833

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

May Be Added to Fees  
\$5.00

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

515-00