

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90047 002 \*\*\*150.00

**DOCUMENT # P96000071906**

1. Entity Name

**AMERICAN CLAIMS ASSOCIATES, INC.**

Principal Place of Business

**930 S HARBOR CITY BLVD  
 MELBOURNE FL 32901  
 US**

Mailing Address

**930 S. HARBOR CITY BLVD.  
 P.O. BOX 700  
 MELBOURNE FL 32901-1963**

**632799**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**158 N. Harbor City Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**158 N. Harbor City Blvd.**

Suite, Apt. #, etc.

City & State

**Melbourne, FL**

City & State

**Melbourne, FL**

4. FEI Number

**59-3399442**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**32935**

Country

**US**

Zip

**32935**

Country

**US**

6. Name and Address of Current Registered Agent

**CARTER, RICHARD  
 101 N. PALM AVENUE  
 INDIALANTIC FL 32903**

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

**NO CHANGE**

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.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, RICHARD</b>	
STREET ADDRESS	<b>2419 CARRIAGE COURT</b>	
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>TOOLEY, DAVID R</b>	
STREET ADDRESS	<b>653 CANDLEWOOD WAY</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*David R. Tooley*  
**David R. Tooley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 22, 2000**

Date

**(321)751-9320**

Daytime Phone #

CR2F034 (9/99)