

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046175

1. Entity Name

MARIAH CLAIMS SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90924 020 ***150.00

Principal Place of Business

Mailing Address

511 W. BAY STREET
 SUITE 400
 TAMPA FL 33606

511 W. BAY STREET
 SUITE 400
 TAMPA FL 33606-2700

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 **59-3423611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POE, WILLIAM F JR
 511 W. BAY STREET
 SUITE 400
 TAMPA FL 33606

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ ☐ Delete
 NAME POE, WILLIAM F JR
 STREET ADDRESS 511 W BAY STREET, SUITE 400
 CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
 NAME D/CHAIRMAN & CEO
 STREET ADDRESS JAMES E. WURDEMAN
 CITY-ST-ZIP 511 BAY ST, SUITE 400
 TAMPA, FL 33606

TITLE ☒ ☐ Delete
 NAME KRZESINSKI, THOMAS S
 STREET ADDRESS 511 W BAY STREET SUITE #400
 CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS WILLIAM F. POE, SR
 CITY-ST-ZIP 511 BAY ST, SUITE 400
 TAMPA, FL 33606

TITLE ☐ ☐ Delete
 NAME SMITH, KEREN P
 STREET ADDRESS 511 W BAY STREET SUITE #400
 CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☒ Addition
 NAME SECRETARY
 STREET ADDRESS JAN JACOB MEDER
 CITY-ST-ZIP 511 BAY ST, SUITE 400
 TAMPA, FL 33606

TITLE ☐ ☐ Delete
 NAME LUNSKIS, MARILYN & P.
 STREET ADDRESS 511 W BAY STREET SUITE #400
 CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ ☐ Delete
 NAME MITCHELL, JANICE P.
 STREET ADDRESS 511 W BAY STREET SUITE #400
 CITY-ST-ZIP TAMPA FL 33606

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

TITLE ☐ ☐ Delete
 NAME POE, CHARLES E
 STREET ADDRESS 511 W BAY STREET SUITE #400
 CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ 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:

JAN JACOB MEDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000 813-259-4000
 Date Daytime Phone #

CR2E034 (9/99)