2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000046175**

1. Entity Name

SIGNATURE:

MARIAH CLAIMS SERVICES, INC.

Principal Place of Business IT W. BAY STREET UITE 400 AMPA FL 33606		Mailing Address 511 W. BAY STREET SUITE 400 TAMPA FL 33606					1161 88 711 8 1 8 18	NIINI 83 0 11 2 60 1	81 8 116 1 84 2	
2. Principal Pla	ace of Business	3. Mailing Address			\dashv					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			4. FEI Number 59-3423611			Applied For	
Ziρ	Country	Zip Count		у	5. Certificate of Status Desired		\$	8.75 Add	t Applicable itional	
	6. Name and Address of Current	Registered Agent	istered Agent		7. Name and Address of New Registered			Fee Required		
	6. Name and Address of Current	negistered Agent		Name	7. 1	iame and Address of New Ne	gistereu Ag	eni		
POE, WILLIAM F JR 511 W. BAY STREET				Street Address (P.O. Box Number is Not Acceptable)						
SUITE TAMP	: 400 A FL 33606									
				City				Zip Code	•	
9. This corpor	Signature, typed or printed name of registered agent ration is eligible to satisfy its Intangible equirement and elects to do so.		!!! FEE 1			10. Election Campaign Fina	~ ~		0 May Be	
(See criteri	a on back)	Make Check Paya	ble to De	-	State	Trust Fund Contribution			I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F JR 511 W BAY STREET, SUITE 400 TAMPA FL 33606	☐ Đelete		WI ADDRESS 51	C/CEC JRDEMA 11 BAY	DITIONS/CHANGES TO OFFI N, JAMES E. ST., STE. 400 FL 33606		□ Change	Addition	(00/01/00)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	STCFO MEDER, JAN JACOB 511 W BAY STREET SUITE #40 TAMPA FL 33606	□ Delete	TITLE NAME STREE	D W1 51	LLIAM 11 BAY	F. POE, SR. ST., STE. 400 FL 33606		□ Change	Addition	חכמה
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEREN P 511 W BAY STREET SUITE #4 TAMPA FL 33606	□ Delete						Change	Addition	
YITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSKIS, MARILYN & 5 511 W BAY STREET SUITE # TAMPA FL 33606	☐ Delete		ET ADDRESS 5	11 BAY	G, MARILYN P. 7 ST., STE. 400 FL 33606	,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JANICE <i>P.</i> 511 W BAY STREET SUITE #4 TAMPA FL 33606	□ Delete 400		D M ET ADDRESS 5	ITCHEI 11 BAY	LL, JANICE P. 7 ST., STE. 400 FL 33606	,	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, CHARLES E 511 W BAY STREET SUITE #- TAMPA FL 33606	Delete		<u> </u>	uu Aş	J.JVVV	·	☐ Change	Addition	

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 upon 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 truefee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. POE, JR

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90005 036 ***150.00