

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000051868**

1. Entity Name

DAVE ADJUSTMENT, INC.**FILED****May 13, 2000 8:00 am**
Secretary of State

05-13-2000 90010 001 ***300.00

Principal Place of Business

**7380 N.W. 14 STREET
PLANTATION FL 33313**

Mailing Address

**7380 N.W. 14 STREET
PLANTATION FL 33313-5336**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0760809

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

Gerry Goodman

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

2380 NW 14 St

City

PLANTATION**FL**

Zip Code

33313

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOODWIN, GENNY 7380 N.W. 14 STREET PLANTATION FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GOODWIN, PATRICIA M 7380 N.W. 14 STREET PLANTATION FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000051868** ?P98000102521

1. Entity Name

PRIVATE ADJUSTER INC

Principal Place of Business

Mailing Address

FL 7027 W BROWARD BLVD } SAME
SUITE #160
PLANTATION, FL 33317

Attachment
00091850

2. Principal Place of Business

3. Mailing Address

7027 W BROWARD BLVD 7027 W BROWARD BLVD
Suite, Apt. #, etc. #160 #160

City & State
PLANTATION, FL

City & State
PLANTATION - FLORIDA

4. FEI Number

65-0884741

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

GERRY GOODWIN
7380 NW 14th ST
PLANTATION, FL 33313

Name

Gerry Goodwin

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

7380 NW 14th ST

PLANTATION, FL

City

PLANTATION FL

FL

Zip Code

33313

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SIGNATURE

Gerry Goodwin

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

954 321 9849