2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P97000051868** DAVIE ADJUSTMENT, INC. 05-13-2000 90010 001 ***300 00 Mailing Address Principal Place of Business 7380 N.W. 14 STREET 7380 N.W. 14 STREET PLANTATION FL 33313 PLANTATION FL 33313-5336 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0760809 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOODWIN AMERILAWYER CHARTERED 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** Change ☐ Addition ☐ Delete TITLE TITLE GOODWIN, GENNY NAME NAME STREET ADDRESS 7380 N.W. 14 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 ☐ Addition ☐ Delete ☐ Change TITLE GOODWIN, PATRICIA M NAME NAME STREET ADDRESS STREET ADDRESS 7380 N.W. 14 STREET CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33313** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #

2000	UNIFORM BUSI	NESS REPO	RT (UBR)				
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PRIVATE ADJUSTER INC					Attachment 100091850		
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^{zio} 333	·	33313_	Country		cate of Status Desired	Secietared Agent	
	6. Name and Address of Current	Registered Agent	Name		and Address of New F	registered Agent	<u> </u>
Gerry GOODWIN Street Addition 7380 NW 14" ST				Gerry Goodwin ss (P.O. Box Number is Not Acceptable) 73 PO NW 14 SY			
PLANTATUM, FL 33313				PLANTA TION, FL			
			City	PLANTATION FL FL Zip Code 33363			
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	stered agent, or	both, in the State of Fk	orida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	. (NOTE	Registered Agent signature regi	urad when reinstaling		DATE	· · · · · ·
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13. I hereby of indicated of the cor	Lertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, a	itrue and accurate and that mo owered to execute this report a	v signature shall have t	the same least a	affect as it made under	oath: that I am an officer	or director
SIGNAT	TURE: King C-		s P		4(xdov	954321	9849
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	R DIRECTOR		Date	Daytime Phone #	•

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