

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90208 023 ***150.00

DOCUMENT # P97000057106**1. Entity Name**
CARDINAL/NATIONAL CLAIMS AND CATASTROPHE SERVICE**Principal Place of Business****143 SW 53 ST**
CAPE CORAL FL 33914**Mailing Address****143 SOUTHWEST 53RD STREET**
CAPE CORAL FL 33914**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 **65-0792012**

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

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ATTALLA, DENNIS P
143 SW 53 ST
CAPE CORAL FL 33914 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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 life empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (5/00)

Cardinal/National

Claims and Catastrophe Service, Inc.

.....Adjusters for the Companies

143 SW 53 RD Street
Cape Coral, FL 33914
(941) 542-0310 Fax (941) 542-7839

Attachment
P970000 57106
H0073523

August 14, 2000


Florida Department of State/Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

This letter concerns your recent notification regarding the UBR report.

We wish to advise you that we are quite sure we did not receive your prior notice that we understand would have been mailed last January after speaking to your department on this date. Thus, we are asking you for a wavier of the \$400.00.

Thank you for your concern of this matter.

Sincerely,


Dennis Attalla