## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P97000059214 1. Entity Name 04-22-2002 90333 034 \*\*\*150 FLORIDA ELECTRONIC CLAIMS SOLUTIONS, INC. Principal Place of Business Mailing Address 10903 AIRVIEW DR. 10903 AIRVIEW DR. **TAMPA FL 33625 TAMPA FL 33625** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3504571 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, LINDA W Street Address (P.O. Box Number is Not Acceptable) 10903 AIRVIEW DRIVE TAMPA FL 33625 Zip Code City 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 (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so 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. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME RODRIGUEZ, LINDA W STREET ADDRESS STREET ADDRESS 10903 AIRVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME RODRIGUEZ, EDWARD P STREET ADDRESS STREET ADDRESS 10903 AIRVIEW DR. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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 repeiver 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 ike empowered. changed, or on an attach ent with an address, with all other

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Linda W, RODRIGUEZ 4/10/02 813-908-5826

FILED