

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90569 046 ***150.00

DOCUMENT # P97000061622

1. Entity Name

WEST FLORIDA CLAIM SERVICES, INC.

Principal Place of Business

**603 133RD STREET. E.
 BRADENTON FL 34202**

Mailing Address

**603 133RD STREET. E.
 BRADENTON FL 34202**

2. Principal Place of Business

1101 6TH AVE. W.

3. Mailing Address

1101 6TH AVE. W.

Suite, Apt. #, etc.

SUITE 122

Suite, Apt. #, etc.

SUITE 122

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34205

Country

FLORIDA

Zip

34205

Country

FLORIDA

4. FEI Number

65-0775694

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARBOUR, CHRISTINA C
 603 133RD STREET, E.
 BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

LISA J. SAMPSON

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

1101 6TH AVE. W.

SUITE 122

City

BRADENTON

FL

Zip Code

FL 34205

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, 2002 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARBOUR, CHRISTINA C	
STREET ADDRESS	603 133RD STREET, E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROSIER, ELAINE J.	
STREET ADDRESS	584 ST. JUDES DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISA J. SAMPSON	
STREET ADDRESS	1101 6TH AVE. W. SUITE 122	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 to this report with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA J. SAMPSON

Date

4-22-02

Daytime Phone #

CR2E034 (9/01)