

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90119 047 \*\*\*150.00

**DOCUMENT # P97000073126**

1. Entity Name  
**CLAIMS MANAGEMENT CENTER, INC.**



Principal Place of Business  
**200 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33301  
US**

Mailing Address  
**200 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33301  
US**

2. Principal Place of Business

3. Mailing Address

**200 S. Andrews Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Legal Dept - 11th Floor**

City & State

City & State

**Fort Land., FL**

Zip

Country

Zip

Country

**33301**

**USA**

4. FEI Number **65-0779218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS  
SCHWARTZ, HOWARD D  
200 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
WOOD, MARY  
200 S. ANDREWS AVE.  
FT. LAUDERDALE FL 33301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/V  
Douglas C. Laux  
200 S Andrews Avenue, Fort Land., FL 33301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RAMAEKERS, LAWRENCE  
200 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
William N. PLAMONDON, III  
200 S. Andrews Ave., Fort Land., FL 33301** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MOOR, WAYNE  
200 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33301** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TV  
WILSON, LELAND  
200 S. ANDREWS AVE.  
FORT LAUDERDALE FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D/T/V** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Howard D. Schwartz**

**4/1/03**

**954.320.4000**

CR2E034 (10/02)