

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90112 045 ***150.00

DOCUMENT # P98000015103

1. Entity Name
J.A. AND J. CLAIMS SERVICE, INC.



Principal Place of Business
~~29018 PALM AVE~~ 11 Spoonbill Way
~~BIG PINE KEY FL 33043~~ Key West, FL 33040
Mailing Address
~~29018 PALM AVE~~ P O Box 2056
~~BIG PINE KEY FL 33043~~ Key West, FL 33045



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 65-0807528

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

FISHER, ANNE R

Name

~~29018 PALM AVE~~ 11 Spoonbill Way
~~BIG PINE KEY FL 33043~~ Key West, FL 33040

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

Anne R. Fisher

1/22/03

(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 FISHER, JAMES B JR ☐ Delete
STREET ADDRESS 29018 PALM AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 11 Spoonbill Way
CITY-ST-ZIP Key West, FL 33040

TITLE
NAME FISHER, ANNE R ☐ Delete
STREET ADDRESS 29018 PALM AVE
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 11 Spoonbill Way
CITY-ST-ZIP Key West, FL 33040

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Anne R. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

305-296-2471

Date

Daytime Phone #

CR2E034 (10/02)