

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 050 ***150.00

DOCUMENT # P98000030302

1. Entity Name
PROPERTY CLAIMS SOLUTIONS INTERNATIONAL, INC.

Principal Place of Business Mailing Address
~~1901-7 MONUMENT ROAD JACKSONVILLE FL 32225~~
~~1301-7 MONUMENT ROAD JACKSONVILLE FL 32225-8116~~
9550 Regency Square Blvd Ste 530

00041001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9550 Regency Square Blvd 9550 Regency Sq Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
530 530

City & State City & State
Jacksonville FL Jacksonville FL
 Zip Country Zip Country
32225 Duval 32225 Duval

4. FEI Number **59-3521338** * 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

ALTERMAN, LEONARD
9116 CYPRESS GREEN DRIVE
SUITE 207
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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, 2000 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 | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|----------------------------------|---------------------------------|---|--|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAVIS, PAUL W | | NAME | | |
| STREET ADDRESS | 301 MEADOWBLUFF ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | YULEE FL 32097 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAVIS, BRENDA | | NAME | | |
| STREET ADDRESS | 301 MEADOWBLUFF ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | YULEE FL 32097 | | CITY-ST-ZIP | | |
| TITLE | Director | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | Staver, D. Corey | | NAME | | |
| STREET ADDRESS | 279 Meadowfield Bluff Rd. | | STREET ADDRESS | | |
| CITY-ST-ZIP | Yulee FL 32097 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 with an address, with all other like empowered.

SIGNATURE: Director 3-17-00 9047218881
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #