

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90187 035 ***150.00

DOCUMENT # P98000100232

1. Entity Name
AMERICCLAIM SOLUTIONS, INC.

Principal Place of Business
308 SOUTH WESTLAND AVE
TAMPA FL 33606

Mailing Address
PO BOX 10596
TAMPA FL 33679



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
730 South Sterling Avenue

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
300

City & State
TAMPA FL

City & State

4. FEE Number **59-3543717**

Applied For
 Not Applicable

Zip
33609

Country
USA

Zip
33679-0596

Country

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

HOUNCHELL, CHARLES A
308 SOUTH WESTLAND AVE
TAMPA FL 33606

Name

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

730 South Sterling Avenue - Suite 300
 City **Tampa** FL Zip Code **33609**

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]

042902

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HOUNCHELL, CHARLES A**
 STREET ADDRESS **308 S WESTLAND AVE**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
 NAME **730 South Sterling Avenue - Suite 300**
 STREET ADDRESS **TAMPA FL 33609**
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **HODGES, JOSEPH C W**
 STREET ADDRESS **308 S WESTLAND AVE**
 CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 reports 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 empowerments.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)