

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101914

1. Entity Name

NAT'L CLAIMS SPECIALISTS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90016 049 ***150.00

Principal Place of Business

Mailing Address

573 HYDER ST. NE
PALM BAY FL 32907-1326

573 HYDER ST. NE
PALM BAY FL 32907-1326

07051102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

573 HYDER ST NE

3. Mailing Address

573 HYDER ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

57-3546355

Applied For

Not Applicable

Zip

Country

32907 BREVARD

Zip

Country

32907 BREVARD

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

SANTORE, MICHAEL A
483 ORLOV RD NW
PALM BAY FL 32907

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

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, 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 ☐ Delete
NAME D
STREET ADDRESS SLATTERY, JULIE A
CITY-ST-ZIP 573 HYDER ST. NE
PALM BAY FL 32907-1326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

Julie A Slattery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00

321-733-1313

05/14/99