

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033726

1. Entity Name

MEDICAL CLAIMS USA, CO.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90110 029 \*\*\*150.00

Principal Place of Business

Mailing Address

3815 6TH LANE  
VERO BEACH FL 32968

3815 6TH LANE  
VERO BEACH FL 32968-1317

2. Principal Place of Business

3. Mailing Address

3975 20th St, Suite E

Suite, Apt. #, etc

Vero Beach, FL

Suite, Apt. #, etc.

City & State

City & State

Zip  
32960

Country

Ind. River

Zip

Country

4. FEI Number

65-0911039

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

KEIL, LANETTE  
3815 6TH LANE  
VERO BEACH FL 32968

Name

Keil, Lanette

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

3975 20th St Suite E

City

Vero Beach

FL

Zip Code

32960

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

1-12-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

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**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.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Keil, Lanette  
3815 6th Lane  
Vero Beach, FL 32968

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change

☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00