

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90004 027 ***150.00

DOCUMENT # P99000033726

1. Entity Name
MEDICAL CLAIMS USA, CO.

Principal Place of Business

**7504 BANYAN ST
 FORT PIERCE FL 34951**

Mailing Address

**7504 BANYAN ST
 FORT PIERCE FL 34951**

2. Principal Place of Business

4534 6th Lane SW
 Suite, Apt. #, etc.

3. Mailing Address

4534 6th Lane SW
 Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

4. FEI Number

65-0911039

Applied For

Not Applicable

Zip

32968

County

Indian River

Zip

32968

County

Indian River

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, MAUREEN
 7504 BANYAN ST
 FORT PIERCE FL 34951**

7. Name and Address of New Registered Agent

Name

Fischer, Maureen

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

4534 6th Lane SW

City

Vero Beach

FL

Zip Code

32968

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, 2002 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

TITLE **P** ☒ Delete
 NAME **FISCHER, MAUREEN**
 STREET ADDRESS **7504 BANYAN ST**
 CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Fischer Maureen**
 STREET ADDRESS **4534 6th Lane SW**
 CITY-ST-ZIP **Vero Beach FL 32968**

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

TITLE ☐ Change ☐ Addition
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 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: **Maureen Fischer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 561-468-3177
 Date Daytime Phone #

CR2E034 (9/01)