

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042021

1. Entity Name

PROPERTY CLAIMS SOLUTIONS-US, INC.

Principal Place of Business

~~1901-7 MONUMENT RD~~
JACKSONVILLE FL 32225

Mailing Address

~~1901-7 MONUMENT RD~~
JACKSONVILLE FL 32225-8116

2. Principal Place of Business

9550 Regency Sq. Blvd.
Suite, Apt. #, etc.
#530

3. Mailing Address

9550 Regency Sq. Blvd.
Suite, Apt. #, etc.
#530

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip
32225

Country
Duval

Zip
32225

Country
Duval

6. Name and Address of Current Registered Agent

ALTERMAN, LEONARD M
9116 CYPRESS GREEN DR, SUITE 207
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, PAUL W	
STREET ADDRESS	301 MEADOWBLUFF RD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BRENDA	
STREET ADDRESS	301 MEADOWBLUFF RD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Staver, D. Staver	
STREET ADDRESS	279 Meadowfield Bluff Rd	
CITY-ST-ZIP	Yulee FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Director 3-17-00 9047218881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

03-21-2000 90021 002 ***150.00

00040000



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3582709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)