

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90142 030 \*\*\*150.00

**DOCUMENT # P99000044211**

**1. Entity Name**  
**PREMIER 21 CLAIMS MANAGEMENT, INC.**

**Principal Place of Business**  
**537 DELTONA BLVD..STE.202**  
**DELTONA FL 32725**

**Mailing Address**  
**537 DELTONA BLVD..STE.202**  
**DELTONA FL 32725**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3576346**

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**

**VAUGHAN, JEFF**  
**361 S CENTRAL AVE**  
**OVIEDO FL 32782**

**Name**  
**James O'Neil**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3258 Buckland Street**  
**City** **Deltona** **FL** **Zip Code** **32738**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **JAMES O'NEIL - President** **J-O'N** **8-26-02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **D** ☐ Delete  
**NAME** **O'NEIL, JAMES**  
**STREET ADDRESS** **3258 BUCKLAND STREET**  
**CITY-ST-ZIP** **DELTONA FL 32738**

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

**TITLE** **D** ☐ Delete  
**NAME** **CICCONI, GUY**  
**STREET ADDRESS** **329 S GOVERNOR PRINTZ BLVD**  
**CITY-ST-ZIP** **LESTER PA 19029**

**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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** **JAMES O'NEIL - President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/26/02 (386) 532-9460**  
Date Daytime Phone #

CR2E034 (4/02)

**PREMIER XXI**  
**CLAIMS MANAGEMENT, INC.**  
329 SOUTH GOVERNOR PRINTZ BOULEVARD  
LESTER, PENNSYLVANIA 19029  
PHONE (610) 595-6956 FAX (610) 595-6958

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Attachment  
10#P9900004211  
124469

August 27, 2002

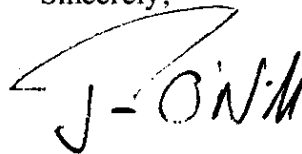
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Premier 21 Claims Management, Inc.**

Dear Sirs:

We did not receive any prior notices. We are submitting this notice with the original  
fee of \$150.00.

Sincerely,



James O'Neil

Enclosures