

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000080352

1. Entity Name

RETROSPECT CLAIMS MANAGEMENT SERVICES INC.

090800  
FILED

00 SEP 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

6190 NW 41 DRIVE  
CORAL SPRINGS FL 33067

Mailing Address

6190 NW 41 DRIVE  
CORAL SPRINGS FL 33067

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

65-0947975

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARNER, DWIGHT E  
6190 NW 41 DRIVE  
CORAL SPRINGS FL 33067

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 \$550.00

After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Dwight Eugene Garner  
6190 NW 41 DRIVE  
Coral Springs, FLORIDA 33067

000003398350--3

-09/19/00-01069-014

\*\*\*\*158.75 \*\*\*\*158.75

KE

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2400

06  
954 561 912-2701  
Date 954 796-7885 Daytime Phone #

CR2E034 (5/00)

TO: Katherine Harris  
Division of Corporations

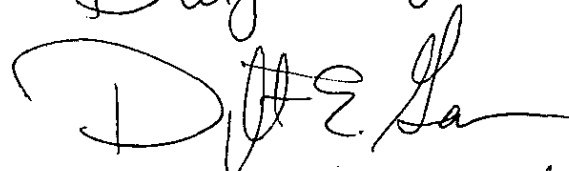
7.24.00

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Please find my check enclosed for \$61.50 + \$8.75  
Certificate of Status to total \$70.25. My P.O. Box  
670625 expired and I recently received the  
2000 Uniform Business Report (UBR) and am  
promptly filing. My Corporation and personal  
finances can not absorb a \$550.00 late filing  
fee and I request respectfully that the  
late filing fee be waived as I did not  
receive the First Notice.

Thank you,

Dwight Eugene Garner  
  
(954) 796-7885 Hm  
(561) 912-2701 Day Phone.