

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102752

1. Entity Name

INETCLAIMS, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90123 049 \*\*\*150.00

Principal Place of Business

1630 MYRTLE LAKE HILLS  
LONGWOOD FL 32750  
US

Mailing Address

1630 MYRTLE LAKE HILLS  
LONGWOOD FL 32750  
US

2. Principal Place of Business

1052 Montgomery Rd,  
Suite, Apt. #, etc.  
119

3. Mailing Address

1052 Montgomery Rd  
Suite, Apt. #, etc.  
119

City & State

Altamonte Springs

City & State

Altamonte Springs

Zip

32714

Zip

32714

Country

4. FEI Number

59-3608496

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

WALTERHOUSE, STEVEN  
1630 MYRTLE LAKE HILLS  
LONGWOOD FL 32750

Name

Walterhouse Steven

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

1052 Montgomery Rd

Suite 119

City

Altamonte Springs

FL

Zip Code

32714

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)

4/24/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME WALTERHOUSE, STEVEN D  
STREET ADDRESS 1630 MYRTLE LAKE HILLS  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE V  
NAME WALTERHOUSE, KATHERINE S  
STREET ADDRESS 1630 MYRTLE LAKE HILLS  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME WALTERHOUSE STEVEN  
STREET ADDRESS 1052 Montgomery Rd, Suite 119  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☐ Addition

TITLE  
NAME WALTERHOUSE KATHY  
STREET ADDRESS 1052 Montgomery Rd, Suite 119  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☐ Addition

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

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

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

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

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

4/24/01

Date

407-331-3244

Daytime Phone #

CR2E034 (10/00)