

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90207 028 ***158.75

LV 407669

DOCUMENT # P97000090014



1. Entity Name
TYS TITLE SERVICES, INC.

Principal Place of Business
**1221 LEE RD
SUITE 103
ORLANDO FL 32810
US**

Mailing Address
**P. O. BOX 741255
ORANGE CITY FL 32774
US**

44000143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3473639**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGUERITE G	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BULLOCK, MARY	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GOODALE, JONI	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RIJOS, IVY	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FERRELL, JANIS	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Courtade, Marguerite G	
STREET ADDRESS	1221 Lee Rd Ste 103	
CITY-ST-ZIP	Orlando FL 32810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janis Ferrell DATE: 4/29/03 DAYTIME PHONE: 407-292-9709

CR2E034 (10/02)