

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90169 047 ***150.00

0124121

DOCUMENT # F68074

1. Entity Name

QUIET TITLE AND ABSTRACT COMPANY

Principal Place of Business

3200 UNIVERSITY DRIVE #209
 CORAL SPRINGS FL 33065
 US

Mailing Address

2470 SE 11 ST
 POMPANO BEACH FL 33062
 US

00045804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 UNIVERSITY DR

3. Mailing Address

3200 UNIVERSITY DR

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065

Country

USA

Zip

33062

Country

USA

4. FEI Number

59-2162722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUIARD, PAUL
 C/O TOWN & COUNTRY TITLE G&E
 3200 UNIVERSITY DR, SUITE 209
 CORAL SPRINGS FL 33065

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, 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

TITLE: PSD
 NAME: GUIARD, PAUL
 STREET ADDRESS: 2470 SE 11TH ST
 CITY-ST-ZIP: POMPANO BEACH FL 33062 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 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

PAUL GUIARD

3/20/01 954-2886045

Date

Daytime Phone #

CR2E034 (10/00)