2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018212

1. Entity Name

REALTY TITLE SERVICES OF NORTHEAST FLORIDA, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90106 031 ***150.00

			GOO WE THE	′
Principal Place of Business 2500 BLANDING BLVD SUITE 100 MIDDLEBURG FL 32068		Mailing Address P.O. BOX 2263 MIDDLEBURG FL 32050-2263		20009769
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3495088 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	it Registered Agent		7. Name and Address of New Registered Agent
			Name	
JOHNSON, DOUGLAS W			Street Address	is (P.O. Box Number is Not Acceptable)
2300 BLANDING BLVD., STE. 100				
MIDDLEBURG FL 32068			<u> </u>	
			City	FL Zip Code
8. The above the obligation SIGNATURE	ions of registered agent.	or the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agen	it and title if applicable. (NO	TE: Registered Agent signature requi	ired 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			ı	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	D DIRECTORS	11.	L ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	JOHNSON, DOUGLAS W 240 FOXTAIL AVE		NAME	_ · · _
CITY-ST-ZIP	MIDDLEBURG FL 32068		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	Delete	TITLE	☐ Change ☐ Addition
NAME STORET ADDRESS	JOHNSON, JOYCE L		NAME	
STREET ADDRESS CITY-ST-ZIP	240 FOXTAIL AVE MIDDLEBURG FL 32068		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	□ Delete	TITLE	☐ Change ☐ Addition
NAME	TATUM, RAYMOND J JR		NAME	Change Change
STREET ADDRESS CITY-ST-ZIP	4027 EVERETTE AVE.,#D	i e	STREET ADDRESS	
_TITLE	MIDDLEBURG FL 32068		CITY-ST-ZIP	
NAME	TATUM, GINGER S	- Delete	- TITLE	Change Addition
STREET ADDRESS	4027 EVERETTE AVE.,#D		STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP		.•	STREET ADDRESS CITY-ST-ZIP	
TITLE	, -	Delete	TITLE	C Observe C + 100
NAME	· '>		NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 1/14/03 904-291-8800