

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104520

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC8313757482**

**Entity Name:** VINTAGE TITLE COMPANY, INC.

**Current Principal Place of Business:**

3315 W. BEARSS AVENUE  
TAMPA, FL 33618

**Current Mailing Address:**

2107 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618

**FEI Number: 26-3809421**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBLES, SHERRI L  
2107 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ROBLES, SHERRI L  
Address        2107 CHESTNUT FOREST DRIVE  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            ROBLES, CAROLINE V  
Address        2107 CHESTNUT FOREST DRIVE  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            ROBLES, SPENCER L.  
Address        2107 CHESTNUT FOREST DRIVE  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERRI L. ROBLES**

**PRESIDENT**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date