

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416799

1. Entity Name

PALM COAST ABSTRACT & TITLE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90255 010 ***150.00

Principal Place of Business

Mailing Address

~~14 OFFICE PARK DRIVE~~

~~14 OFFICE PARK DRIVE~~

~~SUITE 1~~

~~SUITE 1~~

PALM COAST FL 32137

PALM COAST FL 32137-3830

US

US

2. Principal Place of Business

3. Mailing Address

19 Old Kings Rd N.

19 Old Kings Rd N.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Suite C-105

Suite C-105

City & State
Palm Coast, FL

City & State
Palm Coast, FL

Zip
32137

Zip
32137

Country
USA

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2809333

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

LEONARDO, LAURA A

~~14 OFFICE PARK DR~~

~~STE #1~~

PALM COAST FL 32137

Name

Laura A. Leonardo

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

19 Old Kings Rd N. Ste. C-105

Suite C-105

City

Palm Coast, FL

Zip Code
32137

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

Laura A. Leonardo, Pres.

4/11/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LEONARDO, LAURA A
~~14 OFFICE PARK DR., STE 1~~
PALM COAST FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P. Leonardo, Laura
19 Old Kings Rd. N. Ste. C-105
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TT
BAUCH, RAYMOND L
~~14 OFFICE PARK DR., STE 1~~
PALM COAST FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TT Bauch, Raymond L
19 Old Kings Rd. N. Ste. C-105
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
BAUCH, MYRA I
~~14 OFFICE PARK DR STE 1~~
PALM COAST FL 32137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S Bauch, Myra I
19 Old Kings Rd. N. Ste. C-105
Palm Coast, FL 32137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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

Date

Daytime Phone #

CR2E034 (9/99)