

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 045 \*\*\*758.75

**DOCUMENT # 416799**

1. Entity Name  
**PALM COAST ABSTRACT & TITLE, INC.**

Principal Place of Business

**19 OLD KINGS RD N.  
 STE C105  
 PALM COAST FL 32137  
 US**

Mailing Address

**19 OLD KINGS RD N.  
 STE C105  
 PALM COAST FL 32137  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2809333**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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  
 19 OLD KINGS RD N.  
 STE C105  
 PALM COAST FL 32137**

Name **John T. LaJoie**

Street Address (P.O. Box Number is Not Acceptable)  
**2075 Centre Pointe Boulevard**

City **Tallahassee**

**FL**

Zip Code **32308**

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 **John T. LaJoie**

**8/15/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **LEONARDO, LAURA A**  
 STREET ADDRESS **19 OLD KINGS RD N. #C105**  
 CITY-ST-ZIP **PALM COAST FL**

TITLE **D/P** ☐ Change ☒ Addition  
 NAME **Mike Conway**  
 STREET ADDRESS **2075 Centre Pointe Boulevard**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **TT** ☒ Delete  
 NAME **BAUCH, RAYMOND L**  
 STREET ADDRESS **19 OLD KINGS RD N. C105**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **S** ☐ Change ☒ Addition  
 NAME **John T. LaJoie**  
 STREET ADDRESS **2075 Centre Pointe Boulevard**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **S** ☒ Delete  
 NAME **BAUCH, MYRA L**  
 STREET ADDRESS **19 OLD KINGS RD N. C105**  
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Laura A. Leonardo**  
 STREET ADDRESS **19 Old Kings Rd. N #C105**  
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/02 (850) 402-4101**

Date

Daytime Phone #

CR2E034 (4/02)