

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90193 023 ***150.00

DOCUMENT # 566810
1. Entity Name
FIVE POINTS TITLE SERVICES CO., INC.



Principal Place of Business
**8014 SW 135TH ST RD
OCALA FL 34473**

Mailing Address
**8014 SW 135TH ST RD
OCALA FL 34473**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-1811722**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROCHE, NANCY
8014 SW 135TH ST RD
OCALA FL 34473**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required 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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD**
NAME **MCNELLEY, DONALD O**
STREET ADDRESS **8014 SW 135TH ST RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **TD**
NAME **MOORE, ROBERT**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-ST-ZIP **Ocala, FL 34473**

TITLE **P**
NAME **ROCHE, NANCY**
STREET ADDRESS **8014 SW 135TH ST RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD**
NAME **HUMMERHIELM, SHARON**
STREET ADDRESS **999 BRICKELL AVE SUITE 700**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP**
NAME **GRAM, ANTONY**
STREET ADDRESS **8014 SW 135TH ST RD**
CITY-ST-ZIP **OCALA FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS**
NAME **BETH FISHER**
STREET ADDRESS **8014 SW 135th Street Road**
CITY-ST-ZIP **Ocala, FL 34473**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: Nancy Roche **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Nancy Roche, President** **01/13/2003** **(352)307-0796**

CR2E034 (10/02)