

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 592311**

1. Entity Name

WEST FLORIDA TITLE COMPANY OF MILTON

Principal Place of Business

Mailing Address

**122 WILLING STREET
P.O. BOX 762
MILTON FL 32570****122 WILLING STREET
P.O. BOX 762
MILTON FL 32570****FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90131 032 ***150.00

000106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5220 Willing Street**5220 Willing Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 762**P.O. Box 762**

City & State

City & State

Milton, FL**Milton, FL**

Zip

Country

Zip

Country

32570**USA****32570****USA**

4. FEI Number

59-1857574

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

**GATLIN, R. KENNE
101 VIRGINIA LANE
MILTON FL 32570**Name
Gatlin, R. Kenne

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

8145 Virginia LaneCity
Milton**FL**Zip Code
32583

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	SMITH, MINNIE L.	
STREET ADDRESS	125 CATALINA STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATLIN, VERITHA W.	
STREET ADDRESS	101 VIRGINIA LANE	
CITY-ST-ZIP	MILTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GATLIN, R. KENNE	
STREET ADDRESS	101 VIRGINIA LANE	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Minnie L.	Address
STREET ADDRESS	5187 Catalina Street	
CITY-ST-ZIP	Pace, FL 32571	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gatlin, Veritha W.	Address
STREET ADDRESS	8145 Virginia Lane	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gatlin, R. Kenne	Address
STREET ADDRESS	8145 Virginia Lane	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. KENNE GATLIN, President

January 10, 2001

Date

850 623-4626

Daytime Phone #

CR2E034 (10/00)

0469281