March 2, 2001

Daytime Phone #

(305) 743-3528

2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # 657282 1. Entity Name					Mar 07, 2001 8:00 am Secretary of State			
•	ON TITLE COMPANY				0617 046 ***150.			
Principal Place of Business 63RD STREET OCEAN P.O. BOX 97 MARATHON FL 33050		Mailing Address 53RD STREET OCEAN P.O. BOX 97 MARATHON FL 33050			6	20105		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE		
City & State		City & State			4. FEI Number 59-2156334 Applied For			
Zip Country		Zip Country			5. Certificate of Status Desired Serviced Fee Required			
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New R			
CONLIN, JOHN W 63 53RD ST., OCEAN MARATHON FL 33050			نت مدین د بید	ddress (P.	O. Box Number is Not Acceptable)		
			City			FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registere	d agent, or both, in the State of Fig	rida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signat	ure required w	rhen reinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		50.00	10. Election Campaign Fin Trust Fund Contribution		O May Be I to Fees	
11.	OFFICERS AND D		12.	·	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONLIN, JOHN W. 63 53RD ST., OCEAN MARATHON FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAC MAHON, DERMOT P 63 53RD ST., OCEAN MARATHON FL 33050	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	63 5	Marie VARNEY 53rd Street Ocean	Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	rarac	:hon, FL - 33050	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby indicated of the corchanged	Certify that the information supplied with I on this report or suppliemental report is reporation or the receiver or trustee emper , or on an attachment with/an address, w	this filing does not qualify for true and ascurate and that m wered to execute this report a lift all other like empowered.	the exemption star y signature shall h as required by Cha	ted in Sect ave the sa upter 607,	tion 119.07(3)(i), Florida Statutes. I ame legal effect as if made under o Florida Statutes; and that my name	further certify that the in ath; that I am an officer appears in Block 11 or	nformation or director Block 12 if	

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR