

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90086 024 ***150.00

0577199

DOCUMENT # F00000000493

1. Entity Name

HEAVY WEIGHT TITLE COMPANY

Principal Place of Business

**100 PAINTERS MILL ROAD SUITE 710
OWINGS MILLS MD 21117**

Mailing Address

**100 PAINTERS MILL ROAD SUITE 710
OWINGS MILLS MD 21117**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **52-2091483**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SQUADRITO, TRACY R
1123 PARKER CANAL CT
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name **ROSA McLENDE**

Street Address (P.O. Box Number is Not Acceptable) **5200 Seminole BLVD Suite B**

City **St. Petersburg**

FL

Zip Code **33708**

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

TITLE **CPT**
NAME **SKLAR, JASON E**
STREET ADDRESS **100 PAINTERS MILL ROAD SUITE 710**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

☐ Delete

TITLE **VS**
NAME **MOSSOVITZ, ARI**
STREET ADDRESS **100 PAINTERS MILL ROAD SUITE 710**
CITY-ST-ZIP **OWINGS MILLS MD 21117**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

JASON SKLAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01
Date

410-356-8430
Daytime Phone #

CR2E034 (10/00)