

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90375 004 ***158.75

DOCUMENT # F51854

1. Entity Name
ADVANCE TITLE, INC.

Principal Place of Business
4477 LEGENDARY DRIVE
SUITE #101
DESTIN FL 32541
US

Mailing Address
4477 LEGENDARY DRIVE
SUITE #101
DESTIN FL 32541
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2015 Centre Pointe Blvd.

Tallahassee FL

32308

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2171650**

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

BUTLER, LESTER J
4477 LEGENDARY DRIVE, SUITE 101
DESTIN FL 32541

Name **John T. LaJoie**

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

2015 Centre Pointe Blvd.

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee applicable

John T. LaJoie

(NOTE: Registered Agent signature required when reinstating)

3/23/01

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 **PO** ☐ Delete
 NAME **BUTLER, LESTER J**
 STREET ADDRESS **4477 LEGENDARY DR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D/V** ☒ Change ☐ Addition
 NAME **Lester J. Butler**
 STREET ADDRESS **4477 legendary Drive**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **S** ☒ Delete
 NAME **ENGLAND, SHANNON L**
 STREET ADDRESS **4717 SEASTAR VISTA**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D/P** ☐ Change ☒ Addition
 NAME **Mike Conway**
 STREET ADDRESS **2015 Centre Pointe Blvd.**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ Delete
 NAME **BUTLER, BETTE A.**
 STREET ADDRESS **4477 LEGENDARY DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D/S** ☐ Change ☒ Addition
 NAME **John T. LaJoie**
 STREET ADDRESS **2015 Centre Pointe Blvd.**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VD** ☒ Delete
 NAME **BUTLER, BRETT J.**
 STREET ADDRESS **4598 WOODWIND DR**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **T** ☒ Delete
 NAME **BUTLER, GLENDA F**
 STREET ADDRESS **4598 WOODWIND DR**
 CITY-ST-ZIP **DESTIN FL 32541**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Conway **3/28/01** **(850) 402-1502**

Date

Daytime Phone #

CR2E034 (10/00)