

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # F71407

1. Entity Name
**THE ORIGINAL PROFESSIONAL TITLE SERVICES OF
SARASOTA, INC.**



Principal Place of Business
**5411 UNIVERSITY PARKWAY
UNIVERSITY PARK, FL 34201 US**

Mailing Address
**3007 MANATEE AVE. W.
BRADENTON, FL 34205 US**



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2171668

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**COUPLAND, DAVID R
1303 51ST STREET WEST
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000535302
05/08/06-80047-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
FIGLOW, NICHOLAS P
3617 WHITE SULPHUR PL
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
TRAVIS, RONALD C
4403 SNEAD ISLAND RD
PALMETTO, FL 34221**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
COUPLAND, DAVID R
7807 SEVILLE CIRCLE
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David R. Coupland* **David R. Coupland** *4/24/06* **944-758-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #