2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State
07-31-2003 90071 045 ***550.00

010362 AV

DOCUMENT # G31726

1. Entity Name
COMPLETE TITLE SERVICES, INC.

Principal Place of Business
~~28805~~ US HWY 19 N
CLEARWATER FL 33761

Mailing Address
~~28805~~ US HWY 19 N
CLEARWATER FL 33761

2. Principal Place of Business		3. Mailing Address	
28821 US 19 N		28821 US 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CLW FL		City & State: CLW FL	
Zip: 33761	Country: USA	Zip: 33761	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2276255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RATSEK, JOANNE M.
28805 US HWY 19 N
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name: RATSEK, JOANNE M.
Street Address (P.O. Box Number is Not Acceptable): 28821 US HWY 19 N
City: CLW FL Zip Code: 33761

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] J M RATSEK, PRES. 7-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RATSEK, JOANNE M 28805 US HWY 19 N CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS 28821 US HWY 19 N CLW, FL 33761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (4/03)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] J M RATSEK PRES 7-28-03 727-789-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #