

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66148

1. Entity Name

TITLE SERVICES OF MANATEE, INC.

Principal Place of Business

5914 MARINA DR
HOLMES BCH FL 34217
US

Mailing Address

5914 MARINA DR
HOLMES BCH FL 34217-1519
US

2. Principal Place of Business

Holmes Beach, FL

3. Mailing Address

5914 Marina Drive

Suite, Apt. #, etc.

5914 Marina Drive

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

Holmes Beach, FL

4. FEI Number

59-2332470

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

34217

Country

USA

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

SPINOZA, ROSE H.

515 58TH STREET

HOLMES BEACH FL 34217

Name

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

City

FL

Zip Code

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, 2000 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 PD
NAME SPINOZA, ROSE H.
STREET ADDRESS 515 58TH ST.
CITY-ST-ZIP HOLMES BEACH FL

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

941/778-7721

Date

Daytime Phone #