## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3301 THOMASVILLE RD., STE 202

## DOCUMENT #

G71951

1. Entity Name

Principal Place of Business

3301 THOMASVILLE RD., STE 202

STEWART TITLE OF TALLAHASSEE, INC.



## **FILED** Feb 19, 2003 8:00 am Secretary of State

2003 90017 028 \*\*\*150.00

02-19-2

TALLAHASS	EE FL 32312-2	941	TALLA	HASSEE FL 32312-	2941									
2. Principal	Place of Busin	ness	3. Mailir	ng Address										1/11/1 1/18// (471)
Suite, Apt	. #, etc.		Suite,	Apt. #, etc.	·· <u>-</u> ·					CHECK HERE I	F MAKIN	IG CHAN	√GES	
City & Sta	te		City &	State				<b>4.</b> F	FEI Number	59-2346097			_	oplied For ot Applicable
Zip		Country	Zip		Countr	у		<b>5</b> . C	Certificate of St	tatus Desired		\$8.75 Fee Re	5 Add	litional
-	6. Name	and Address of Current	Registered	Agent .	T			7. N	Name and Add	lress of New Re	gistered	Agent	<u> </u>	
	N, HAROLD			and the second		Name Street A	Address (P		•	Not Acceptable)				
	CYPRESS :	ST.												
TAMPA F	FL 33607													
	-11	-				City			. <u> </u>		FI	<b>-</b>   `	Code	
8The above	named entity tions of regist	submits this statement for	r the purpos	se of changing its r	registered	office o	r registere	d age	ent, or both, in	the State of Flor	ida. I am	familiar	with,	and accept
		or agoni.												
SIGNATURE :		or printed name of registered agent a	and title if applica	able (NOTE	Posistored i	Vacat sissas	ture required w	da a a colo	:V					
				The state of the s	- Tiegistoreo 7	-goni signa		men rea	instaning)		DATE			
		FEE IS \$150.00 3 Fee will be \$550.00						İ	9. Election	Campaign Fina	incing	9	\$5.0°	0 May Be
		Florida Department of	State						Trust Fu	nd Contribution.	. [			to Fees
10.		OFFICERS AND I	DIRECTORS		11.			ADE	DITIONS/CHAI	NGES TO OFFIC	ERS AN	D DIREC	TORS	: IN: 11
TITLE	D			☐ Delete	TITLE		P/D			1020 10 01110	7C110 /411	Cha		Addition
NAME	DAVID ZI				NAME		P/D					X		
STREET ADDRESS CITY-ST-ZIP	TALLAHA	)masville RD suite 2 Ssee FL	202		STREET CITY-S	ADDRESS T-ZIP								
TITLE	C			☐ Delete	TITLE		\					☐ Cha		☐ Addition
NAME		RICHARD A.			NAME		<b>V/P</b> ;	S/	;; D				90	Д гюсты
STREET ADDRESS CITY-ST-ZIP		NTLIMAR DR.				ADDRESS	İ							
	MOBILE A	<u></u>			CITY-S	Γ-ZIP								
TITLE NAME	- DICKNAN	HADOLD		Delete	TITLE		C				•	<b>X</b> Cha	nge	☐ Addition
STREET ADDRESS		, HAROLD — - CYPRESS ST.			NAME	ADDRESS				_		. •		
CITY-ST-ZiP	TAMPA FL				CITY-S1									
TITLE				☐ Delete	TITLE	·	·T.					Chai		<b>X</b> Addition
NAME					NAME			da	Mitchel			Ona	ige	A.J Addition
STREET ADDRESS				•	STREET	ADDRESS			indsor W	av				
CITY-ST-ZIP					CITY-ST	-ZIP			A1. 36					
TITLE				Delete	TITLE		<b>D</b> .3.1.					☐ Chai	лде	Addition
NAME STREET ADDRESS		•••		• •	NAME		Whit	La	ncaster					- <del>-</del>
CITY-ST-ZIP		* * * * *		•	STREET A				Cypres	s # 202				1
TITLE		<del></del>		☐ Delete	TITLE	rii -			F1. 3360					
NAME		* * * *		Tra Delete	NAME				·			☐ Char	ige	Addition
STREET ADDRESS		•			STREET A	NDDRESS	t							
CITY-ST-ZIP					CITY-ST	ZIP				•				

12. I hereby certify that the information supplied with this filling 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: ~

IRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URB

	ART TITLE OF TALLAHASSE		Name of the last o			413	
3301 THC	Place of Business DMASVILLE RD STE 202 SSEE FL 32312-2941	Mailing Address 3301 THOMASVILLE I TALLAHASSEE FL 32			1150101 2011 1507 (510 100 100 100 100 100 100 100 100 100	<b>y</b>	
2. Principa	al Place of Business	3. Mailing Address					
	pt. #, etc.	Suite, Apt. #, etc.	<del></del>		CHECK HERE IF	MAKING CHANG	SEQ.
City & S		City & State		4.	FEI Number 59-2346097		Applied For
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75	Not Applicab Additional
<del></del>	<ol><li>Name and Address of Current</li></ol>	Registered Agent		7. 1	Name and Address of New Reg	Fee Req	uired
HICKM	AN, HAROLD		Name	e		istered Agent	
3401 W	V. CYPRESS ST.		Stree	t Address (P.O. Bo	ox Number is Not Acceptable)	<del></del>	<del></del>
TAMPA :	FL 33607				,		
	ve named entity submits this statement for ations of registered agent.		City			FL Zip C	ode
	Signature, typed or printed name of registered agent a		TE: Registered Agent sign	nature required when rein	stating)	DATE	
Afte ake Chec	FILE NOW III. FEE IS \$150.00 // Per May 1; 2003 Fee will be \$550.00 K Rayable to Florida Department of	State	TE: Registered Agent sign	nature required when rein	9. Election Campaign Financ Trust Fund Contribution.		.00 May Be
- S → Aπe	FILE NOW III. FEE IS \$150.00 Pr. May 1; 2003 Fee will be \$550.00 K Payable to Florida Department of	State	FE: Rogisternd Agent sign		Election Campaign Financ Trust Fund Contribution.	ing \$5.	ed to Fees
Afte ake Check E IE EET ADDRESS -ST-ZIP	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 Pr. May 1; 2003 Fee Will be \$550.00 % K Payable to Florida Department of OFFICERS AND D DAVID ZIEN-ELDEN 3301 THOMASVILLE RD SUITE 20 TALLAHASSEE FL	State DIRECTORS Delete	·		9. Election Campaign Finance	ing \$5.	ed to Fees
Afte ake Chec	FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FI.May 1; 2003 Fee Willibe \$550.00  K Payable to Florida Department of OFFICERS AND DE DAVID ZIEN-ELDEN 3301 THOMASVILLE RD SUITE 20 TALLAHASSEE FL  C BAILEY, RICHARD A. 1110 MONTLIMAR DR. MOBILE AL	State DIRECTORS	11. TITLE NAME STREET ADDRESS	ADD	Election Campaign Financ Trust Fund Contribution.  ITIONS/CHANGES TO OFFICEF .	ing \$5.  Add RS AND DIRECTO	ed to Fees
Afte Ake Chec  E EST ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	FILE NOW III FEE IS \$150.00  FILE NOW III FEE IS \$150.00  FI May 1 2003 Fee will be \$550.00  K Payable to Florida Department of OFFICERS AND DE DAVID ZIEN-ELDEN 3301 THOMASVILLE RD SUITE 20  TALLAHASSEE FL  C BAILEY, RICHARD A. 1110 MONTLIMAR DR.	State DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADD P/D	Election Campaign Financ Trust Fund Contribution.  ITIONS/CHANGES TO OFFICEF .	ing \$5. Add RS AND DIRECTO Thange	ed to Fees  RS IN 11  Addition
Afte Ake Chec  E EET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP	Signature, typed or printed name of registered agent a FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  OFFICERS AND D  OFFICERS AND D  DAVID ZIEN-ELDEN  3301 THOMASVILLE RD SUITE 20  TALLAHASSEE FL  C  BAILEY, RICHARD A.  1110 MONTLIMAR DR.  MOBILE AL  D  HICKMAN, HAROLD  3401 W. CYPRESS ST.	State  DIRECTORS  Delete  Delete  Delete  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D V/P; S/ C TGlenda M 8220 Win	9. Election Campaign Financ Trust Fund Contribution.  ITIONS/CHANGES TO OFFICEF  D  itchel dsor Way	ing \$5. Add  RS AND DIRECTO  Change	ed to Fees  RS IN 11  Addition  Addition
Afte Ake Chec  E  E  E  E  E  E  E  E  E  E  T  ADDRESS  ST-ZIP   T  ADDRESS  ST-ZIP  T  ADDRESS	Signature, typed or printed name of registered agent a FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  FILE NOW III. FEE IS \$150.00  OFFICERS AND D  OFFICERS AND D  DAVID ZIEN-ELDEN  3301 THOMASVILLE RD SUITE 20  TALLAHASSEE FL  C  BAILEY, RICHARD A.  1110 MONTLIMAR DR.  MOBILE AL  D  HICKMAN, HAROLD  3401 W. CYPRESS ST.	DELETORS  Delete  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D  V/P; S/  Glenda M 8220 Win Mobile. D	9. Election Campaign Financ Trust Fund Contribution.  ITIONS/CHANGES TO OFFICEF  Itchel dsor Way Al. 36695  caster Cypress # 202	ing \$5 Add  RS AND DIRECTO  Change  Change	RS IN 11 Addition Addition Addition Addition

SIGNATURE: SIGNATURE REQUIRED