

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90739 012 ***150.00

DOCUMENT # **9 79297**
1. Entity Name
U.S. TITLE SECURITY CO. ✓

DO NOT WRITE IN THIS SPACE

B0123487

2. Principal Place of Business
637 Binnade Dr.
Suite, Apt. #, etc.

3. Mailing Address
637 Binnade Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-2364194

Applied For
☐ Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

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

7. Name and Address of Current Registered Agent

Name **COHEN, B. ROBERTSON**

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

City **Naples**

FL

Zip Code **34103**

**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

SIGNATURE _____

Signature typed or printed name of registered agent (if applicable)

INCORPORATED Registered Agent Signature required when not stating

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1: \$200.00
June 1 - August 31: \$200.00
September 1 - December 31: \$200.00
Business Contact May file for Disposition of Assets

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

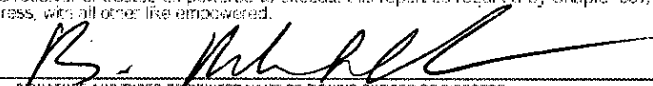
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P D COHEN, B. ROBERTSON 637 Binnade Dr. Naples, FL 34103
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02 239-261-4239
Date Daytime Phone

CR2E034B (12/01)