

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22949

1. Entity Name
TITLE SOURCE USA, INC.

Principal Place of Business
102 EASTWIND LANE
FERN PARK FL 32794
US

Mailing Address
PO BOX 948495
MAITLAND FL 32794
US

2. Principal Place of Business
100 E Sybelia Ave.

3. Mailing Address

Suite, Apt. #, etc.
Ste 110

Suite, Apt. #, etc.

City & State
Maitland, Florida

City & State

Zip
32751

Country
US

Zip

Country

4. FEI Number 59-2463796

Applied For
Not Applicable

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

MICHAELS, ALLAN M.
102 EASTWIND LANE
FERN PARK FL 32730

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME PD
MICHAELS, ALLAN M.
STREET ADDRESS 102 EASTWIND LANE
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME ST
MICHAELS, ALLAN M.
STREET ADDRESS 102 EASTWIND LANE
CITY-ST-ZIP FERN PARK FL

☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP

☐ 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

9/3/01

407-629-9077

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90005 033 ***550.00



DO NOT WRITE IN THIS SPACE

013896 AT

CR2E034 (5/01)