2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **H59315** May 04, 2000 8:00 am Secretary of State LAND TITLE ANALYSIS, INC. 05-04-2000 90088 010 ***150.00 Principal Place of Business Mailing Address 24705 US HWY 19 NO 24705 US HWY 19 N STE 310 STE 310 CLEARWATER FL 33763 CLEARWATER FL 33763-4088 2. Principal Place of Business 3. Mailing Address 2 List Enterprise food East - SAME -Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE c.14 City & State Applied For City & State 4. FEI Number 59-2583404 clearwater Not Applicable Zip Country \$8.75 Additional ^{Zp} 333*5*9 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REHKOPF, ARTIE R Street Address (P.O. Box Number is Not Acceptable) 24705 US HWY 19 NO **STE 310** C-14 **CLEARWATER FL 34623** Clearwate 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 nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **PST** Change TITLE ☐ Delete TITLE REHKOPF, ARTIE R. NAME NAME STREET ADDRESS STREET ADDRESS 24705 US HWY 19 NO CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition TITLE ... Detete TITLE REHKOPF, ARTIE R. NAME NAME 2636 ENTERPRISE ROAD, EAST #C-14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/25/2000

727-796-7368

Change

☐ Addition

Daytime Ph