

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0156979 FP

DOCUMENT # **K32084**

1. Entity Name

TITLE & ABSTRACT AGENCY OF AMERICA, INC.



FILED

03 OCT 21 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4505 WOODLAND CORP. BLVD.
SUITE 100
TAMPA FL 33614
US**

Mailing Address

**4505 WOODLAND CORP. BLVD.
SUITE 100
TAMPA FL 33614
US**

2. Principal Place of Business

**8405 Benjamin Road
Suite, Apt. #, etc.
Suite J**

Tampa, Florida

33634-1217

USA

3. Mailing Address

**8405 Benjamin Rd.
Suite, Apt. #, etc.
Suite J**

Tampa, Florida

33634-1217

USA

4. FEI Number **74-2511247**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

100023966451

City

10/21/03-01043-016 *750.00**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**James M. Halpin
Assistant Secretary**

10/16/03

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PASCHEN, TOM E**
STREET ADDRESS **28745 WALNUT GROVE**
CITY-ST-ZIP **MISSION VIEJO CA 92692**

TITLE **CEOD** ☐ Delete
NAME **SHAPIRO, GERALD M**
STREET ADDRESS **1166 W NEWPORT CENTER DR., STE 310**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **PD** ☐ Delete
NAME **FISHMAN, BARRY S**
STREET ADDRESS **20803 BISCAYNE BLVD, STE 300**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **D** ☐ Delete
NAME **KREISMAN, DAVID S**
STREET ADDRESS **4201 LAKE COOK ROAD**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE **VST** ☐ Delete
NAME **LITT, SHARON M**
STREET ADDRESS **4505 WOODLAND CORP BLVD**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Tom E. Paschen** Mission
STREET ADDRESS **28745 Walnut Grove, Viejo, CA 92692**

TITLE **DV** ☒ Change ☐ Addition
NAME **Gerald M. Sahpiro** Deerfield, FL
STREET ADDRESS **1166 W Newport Center Dr., 33442**

TITLE **S** ☒ Change ☐ Addition
NAME **Barry S. Fishman** Aventura, FL
STREET ADDRESS **20803 Biscayne Blvd., 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **Sharon M. Litt** Tampa, FL
STREET ADDRESS **4505 Woodland Corp. Blvd., 33614**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Director

9-25-03

Date

Daytime Phone #

847-291-9100

CR2E034 (4/03)