

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 033 ****50.00

DOCUMENT # L00000001152

1. Entity Name
CU TITLE, LLC

Principal Place of Business
1903 SOUTH CONGRESS AVE.. #100
BOYNTON BEACH FL 33426

Mailing Address
1903 SOUTH CONGRESS AVE.. #100
BOYNTON BEACH FL 33426

881013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968237**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEESE, JOHN
3469 SUMMIT BLVD
WEST PALM BEACH FL 33406

Name **Marvin M. Garland**
 Street Address (P.O. Box Number is Not Acceptable)
3773 Commonwealth Blvd.
 City **Tallahassee** FL Zip Code **32303**

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 *Marvin M. Garland*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

09/11/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **DEESE, JOHN**
 STREET ADDRESS **3469 SUMMIT BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Steve Trimmier**
 STREET ADDRESS **3773 Commonwealth Blvd.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGR** ☒ Delete
 NAME **WELTE, MICHAEL**
 STREET ADDRESS **1055 S. CONGRESS AVE.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Guy M. Hood**
 STREET ADDRESS **3773 Commonwealth Blvd.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **MGR** ☒ Delete
 NAME **DELANEY, ROBERT**
 STREET ADDRESS **2226 S. CONGRESS AVE.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **Marvin M. Garland**
 STREET ADDRESS **3773 Commonwealth Blvd.**
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Marvin M. Garland*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/11/02

850-576-8171

Date

Daytime Phone #

CR2E083 (4/02)