

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028481 AF

DOCUMENT # L00000002782

1. Entity Name

QUALITY TITLE OF MARION COUNTY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:52

Principal Place of Business

9860 SW 84TH COURT, SUITE E  
OCALA FL 34481

Mailing Address

9860 SW 84TH COURT, SUITE E  
OCALA FL 34481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638966

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

MASTRANTONIO, ROXANNE  
8450 SW 84TH COURT, SUITE E  
OCALA FL 34481

address correction ->

7. Name and Address of New Registered Agent

Name

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

9860 SW 84th Ct S-E

City Ocala

FL

Zip Code 34481

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

3000003888639-1  
-03/20/01--01086--021  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

TITLE President - D ☐ Delete  
NAME Roxanne Mastrantonio  
STREET ADDRESS P.O. Box 772394  
CITY-ST-ZIP Ocala, FL 34477

TITLE Vice President - D ☐ Delete  
NAME ROGER MASTRANTONIO  
STREET ADDRESS P.O. Box 772394  
CITY-ST-ZIP Ocala, FL 34477

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

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

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

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

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

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

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-01

352291-0212

Date

Daytime Phone #

CP2E083 (11/00)