

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90055 024 ****50.00

DOCUMENT # L00000006291

1. Entity Name

TREND TITLE SERVICES, LLC



Principal Place of Business

Mailing Address

**100 SW 75TH ST
STE 3
GAINESVILLE FL 32607**

**3600 NW 43RD STREET, SUITE E-1
GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

1203 S.W. 12TH ST., STE 9

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCALA FL

Zip

Country

34474

Country

MARION

4. FEI Number

59-3635535

Applied For

Not Applicable

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

**MULDOON, CRAIG J
1203 SW 12TH STREET
OCALA FL 34474**

Name

WILLIAM TEUFERT

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

1203 S.W. 12TH ST

City

OCALA

FL

Zip Code

34474

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.

CRAIG J. MULDOON

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **ADVANCED TITLE RESEARCH SERVICES, INC.**
STREET ADDRESS **1203 SW 12TH STREET**
CITY-ST-ZIP **OCALA FL 34474**

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

TITLE ☐ Delete
NAME
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: SIGNATURE REQUIRED CRAIG J. MULDOON 2/20/03 352-351-3678

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

Date

Daytime Phone #

CR2E083 (10/02)