2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90275 015 ****50.00

DOCUMENT # L01000015242

1. Entity Name
TITLEMARK OF SOUTH TAMPA, LLC

Principal Place of Business	Mailing Address
~~1514 1/2 EAST 8TH STREET~~ TAMPA FL 33605	1514 1/2 EAST 8TH STREET TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 E. Davis Blvd.	215 E. Davis Blvd.
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33606 Country:	Zip: 33606 Country:

4. FEI Number 59-3735472 ☐ 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
HICKS, HENRY W ~~1514 1/2 EAST 8TH STREET~~ TAMPA FL 33605	Name: Henry W. Hicks Street Address (P.O. Box Number is Not Acceptable): 215 E. Davis Blvd. Suite B City: Tampa FL Zip Code 33606

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] 4-29-02
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Title Mark of South Tampa, Inc. 215 E. Davis Blvd Tampa, FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: Title Mark of South Tampa, Inc. By [signature] Pres. SIGNATURE REQUIRED 4-29-02 813-258-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #