

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

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9/

04-21-2003 90407 034 ****50.00
09-08-2003 90076 004 ****50.00

DOCUMENT # L02000015683

1. Entity Name

TITLE SERVICES OF FLORIDA, LLC



Principal Place of Business

2020 WEST BRANDON BOULEVARD, SUITE 127
BRANDON FL 33511

Mailing Address

2020 WEST BRANDON BOULEVARD, SUITE 127
BRANDON FL 33511

55056887

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3692100

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

FOURNIER, PAUL E

2020 WEST BRANDON BOULEVARD, SUITE 127
BRANDON FL 33511

Name

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

City

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

Paul E. Fournier

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: **President**
NAME: **Paul E. Fournier**
STREET ADDRESS: **3629 Cord Grass Dr**
CITY-ST-ZIP: **Valrico, FL 33594**

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: **Vice President**
NAME: **Carolyn Fournier**
STREET ADDRESS: **3629 Cord Grass Dr**
CITY-ST-ZIP: **Valrico, FL 33594**

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TITLE:
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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:

Paul E. Fournier

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

Date

Daytime Phone #

7/10/03 813-684-0016

CR2E083 (4/03)