

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029218

1. Entity Name

USA TITLE INSURANCE AGENCY, LLC



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90059 046 *****50.00

Principal Place of Business

3204 ALTERNATE 19 NORTH
PALM HARBOR FL 34683
US

Mailing Address

3204 ALTERNATE 19 NORTH
PALM HARBOR FL 34683
US

2. Principal Place of Business

5029 Central Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Pete, FL

Zip

33710

Country

USA

City & State

Zip

Country

4. FEI Number

11-3664919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ORSATTI, CHAD T
3204 ALTERNATE 19 NORTH
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WOLLINKA, DAVID J	
STREET ADDRESS	3204 ALTERNATE 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ORSATTI, CHAD T	
STREET ADDRESS	3204 ALTERNATE 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-13-03

727-772-9060

CR2E083 (10/02)