

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90692 046 \*\*\*\*50.00

0006428

**DOCUMENT # L02000031393**

1. Entity Name

**MAITLAND TITLE, LLC**



Principal Place of Business

34 E. PINE ST.  
ORLANDO FL 32801

Mailing Address

34 E. PINE ST.  
ORLANDO FL 32801

2. Principal Place of Business

**55 E. PINE STREET.**

Suite, Apt. #, etc.

3. Mailing Address

**55 E. PINE STREET**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL.**

City & State

**ORLANDO, FL.**

Zip

**32801**

Country

**USA**

Zip

**32801**

Country

**USA**

4. FEI Number

**11-3664916**

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

**LOGAS, PHILIP L**  
**34 E. PINE ST.**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **PHILIP L. LOGAS**

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

**55 E. PINE STREET**

City

**ORLANDO**

**FL**

Zip Code  
**32801**

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)

**4/30/03**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **LOGAS, PHILIP L**  
STREET ADDRESS **34 E. PINE ST.**  
CITY-ST-ZIP **ORLANDO FL 32801**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **55 E. PINE STREET**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32801**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:**

**SIGNATURE REQUIRED**

**4/30/03**

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

Date

Daytime Phone #

CR2FNR3 (10/02)