

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009382

1. Entity Name

PARAMOUNT TITLE OF POLK COUNTY, L.L.C.

Principal Place of Business

2600 South Florida Avenue
Lakeland, Fl. 33803

Mailing Address

2600 South Florida Avenue
Lakeland, Fl. 33803

2. Principal Place of Business

2600 South Florida Avenue

3. Mailing Address

2600 South Florida Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

4. FEI Number

59 3615228

Applied For

Not Applicable

Zip

Country

33803

USA

Zip

Country

33803

USA

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

Anthony S. Fridovich
2600 South Florida Avenue
Lakeland, Fl. 33803

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700004035627--4

-04/20/01--01077--007

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director ☐ Delete
Anthony S. Fridovich
2600 South Florida Avenue
Lakeland, Fl. 33803

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Director ☐ Delete
Melodie Knight Fridovich
2600 South Florida Avenue
Lakeland, Fl. 33803

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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

4-12-01

Date

863 680 3322

Daytime Phone #

CR2E083 (11/00)