

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65936

1. Entity Name

TITLE SERVICES OF SOUTH FLORIDA, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90105 018 ***150.00

Principal Place of Business

Mailing Address

6100 HOLLYWOOD BLVD.
SUITE 207
HOLLYWOOD FL 33024
US

6100 HOLLYWOOD BLVD.
207
HOLLYWOOD FL 33024
US

2. Principal Place of Business

3. Mailing Address

PO Box 24383

PO Box 24383

Suite, Apt., etc.

Suite, Apt., etc.

Oakland Park

Oakland Park

City & State

City & State

Florida

Florida

Zip

Zip

33307

33307

Country

Country

Barbados

Barbados

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADEJ, RENIE J.
2016 NE 25TH STREET
WILTON MANORS FL 33305

Name Redmond JAY MANNING
Street Address (P.O. Box Number is Not Acceptable)

2020 SW 18th Drive

City Boynton Beach

FL

Zip Code

33426

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 Redmond J. Manning

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MADEJ, RENIE J.	
STREET ADDRESS	2016 NE 25TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
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		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADEJ, RENIE J.	
STREET ADDRESS	PO Box 24383	
CITY-ST-ZIP	Oakland Park FL 33307	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

954-818-0297

Daytime Phone #

CR2E034 (10/00)