

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90090 026 ***150.00

DOCUMENT # M84513

1. Entity Name
ACTION TITLE SERVICES, INC.

Principal Place of Business
3248 COMMERCIAL WAY
SPRINGS HILL FL 34606
US

Mailing Address
P.O. BOX 6668
SPRING HILL FL 34611
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2892934**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, ROBERT E.
1304 SALEM CT
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name **ROBERT E. HUTCHINSON**

Street Address (P.O. Box Number is Not Acceptable)
3248 COMMERCIAL WAY

City **SPRING HILL, FL** Zip **34606**

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  **Robert E. Hutchinson**

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-01

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

TITLE **V** ☐ Delete
NAME **HUTCHINSON, BARBARA L**
STREET ADDRESS **15001 CENTRAWA RD**
CITY-ST-ZIP **BROOKSVILLE FL 34614**

TITLE **ST** ☐ Delete
NAME **HUTCHINSON, CHERYL L**
STREET ADDRESS **1304 SALEM CT**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **AVP** ☐ Delete
NAME **ENGLEY, CAROLE**
STREET ADDRESS **9264 MANCHESTER STREET**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3248 COMMERCIAL WAY**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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

Robert E. Hutchinson

Date

Daytime Phone #

1/3/01 (352) 686-7700

CR2E034 (10/00)