

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90198 037 ***150.00

DOCUMENT # **P00000002253** ✓

1. Entity Name

Express Title of Central Florida, Inc.

Principal Place of Business

**444 Seabreeze Blvd.
 Ste. 211**

Mailing Address

**444 Seabreeze Blvd.
 Ste. 211**

Daytona Beach, FL 32118 **Daytona Beach, FL 32118**

2. Principal Place of Business

2335 - A Ridgewood Ave.

3. Mailing Address

2335 - A Ridgewood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Daytona, FL

City & State

South Daytona, FL

4. FEI Number

59-3616495

Applied For

Not Applicable

Zip

32119

Country

USA

Zip

32119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Jerome D. Mitchell

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

2335 - A Ridgewood Ave.

City

South Daytona

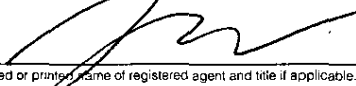
FL

Zip Code

32119

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



Jerome D. Mitchell

2/9/01

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

(NOTE: Registered Agent signature required when reinstating)

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 **VP/IT** ☒ Delete
 NAME **Janice Beckmann**
 STREET ADDRESS **755 Sandy Hill Circle**
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **VP/IT** ☒ Change ☒ Addition
 NAME **Ronald D. Clifton, Jr.**
 STREET ADDRESS **2006 Oak Meadow Circle**
 CITY-ST-ZIP **South Daytona, FL 32119**

TITLE **P/CEO** ☐ Delete
 NAME **Jerome D. Mitchell**
 STREET ADDRESS **4082 Clocktower Dr.**
 CITY-ST-ZIP **Port Orange, FL 32119**

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

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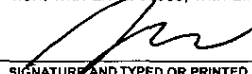
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

 **Jerome D. Mitchell, ACS**

2/9/01 (904)255-4777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)