

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90131 012 \*\*\*150.00

0074158 AN

**DOCUMENT # P00000009693**

**1. Entity Name**  
**ATIMA TITLE SERVICES, INC.**

**Principal Place of Business**

**13954 GERANIUM PLACE**  
**WELLINGTON FL 33414**

**Mailing Address**

**13954 GERANIUM PLACE**  
**WELLINGTON FL 33414**

**2. Principal Place of Business**

**420 COLUMBIA DRIVE**

Suite, Apt. #, etc.

**SUITE 105**

**3. Mailing Address**

**PO BOX 210686**

Suite, Apt. #, etc.

**City & State**

**WEST PALM BEACH, FL**

**City & State**

**ROYAL PALM BEACH, FL**

**Zip**

**33409**

**Country**

**USA**

**Zip**

**33421**

**Country**

**USA**

**4. FEI Number**

**65-0982398**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MONESCALCHI, RICHARD J**  
**6894 LAKE WORTH ROAD**  
**SUITE 203**  
**LAKE WORTH FL 33467**

**7. Name and Address of New Registered Agent**

**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**

**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 \$550.00**

**After September 12, 2001 Fee will be \$750.00**  
**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** **PTD** ☐ Delete  
**NAME** **OLLIS, BRUCE**  
**STREET ADDRESS** **13954 GERANIUM PLACE**  
**CITY-ST-ZIP** **WELLINGTON FL 33414**

**TITLE** **CSD** ☐ Delete  
**NAME** **REDDING, WILLIAM**  
**STREET ADDRESS** **13954 GERANIUM PLACE**  
**CITY-ST-ZIP** **WELLINGTON FL 33414**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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** **PTD** ☒ Change ☐ Addition  
**NAME** **OLLIS, BRUCE M.**  
**STREET ADDRESS** **958 HICKORY TRAIL**  
**CITY-ST-ZIP** **WELLINGTON, FL 33414**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/13/01 (561)333-6105**

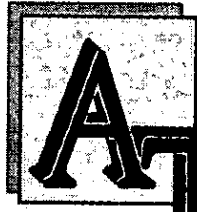
**Date**

**Daytime Phone #**

CP2F034 (5/01)

Attachment

979239  
Doc. # P00000009693



tima

title Services, Inc.

*"Let us put our experience to work for you."*

Bruce M. Ollis  
(561) 333-6105 Voice  
(561) 333-6105 Fax  
(561) 329-4879 Cellular

William C. Redding  
(561) 242-1621 Voice  
(561) 640-0331 Fax  
(561) 602-8016 Cellular

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

September 13, 2001

RE: Document # P00000009693

Dear Sirs:

Enclosed is a completed 2001 Uniform Business Report Form (UBR) for our corporation. In reading the document, it indicates that we should have received and filed a similar document between January 1<sup>st</sup> and May 1<sup>st</sup> of this year, and that if we had done so, we would have only had to remit \$150.00. We either never received this document to file, or it got lost or misplaced between my partner's address (13954 Geranium Place) and myself, since I never received the original document to file and remit payment.

The enclosed form was in our items to be reviewed for payment this month. In reviewing this item for payment today, this report indicates it should have been remitted by September 12<sup>th</sup>, with a remittance of \$550.00. Now that it is after the 12<sup>th</sup>, it states that we should remit \$750.00.

I called your office today to see what needed to be done regarding the proper filing of this report. They advised me to send this letter of explanation, along with a check in the original required amount of \$150.00. You would then review the circumstances and then advise us within 30 days if we owed any additional monies. Attached hereto is the completed form with our check for \$150.00. Please note the changes in addresses made on the form.

Thank You,

Bruce M. Ollis  
President, Treasurer and Director