

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90076 034 ***150.00

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1. Entity Name
ATIMA TITLE SERVICES, INC.

Principal Place of Business
**1402 ROYAL PALM BEACH BLVD
BLDG 700, STE 102
ROYAL PALM BEACH FL 33411**

Mailing Address
**P.O. BOX 210686
ROYAL PALM BEACH FL 33421**



2. Principal Place of Business
685 ROYAL PALM BEACH BLVD

3. Mailing Address

Suite, Apt. #, etc.
STE 104

Suite, Apt. #, etc.

City & State
ROYAL PALM BEACH, FL

City & State

4. FEI Number **65-0982398**

Applied For
Not Applicable

Zip
33411

Country
USA

Zip

Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
OLLIS, BRUCE
958 HICKORY TRAIL
WELLINGTON FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUPARDO, MATTHEW F
1331 PERIWINKLE PL
WELLINGTON FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAMES, DEBBIE
801 SW 8TH AVE
BOYNTON BEACH FL 33426** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRUCE M. OLLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

561-333-6105

Date

Daytime Phone #

CR2E034 (10/02)