

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90187 043 ***150.00

DATE: 02/13/02

DOCUMENT # P00000017548

1. Entity Name
SELLERS TITLE COMPANY

Principal Place of Business
420 W BRANDON BLVD STE 203
BRANDON FL 33511

Mailing Address
420 W BRANDON BLVD STE 203
BRANDON FL 33511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1626 State Road 60 E.
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
Valrico, FL
Zip
33594

City & State
Zip
Country

4. FEI Number **59-3625583**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELLERS-SOSA, BARBARA
420 W BRANDON BLVD STE 203
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name *SAME*
Street Address (P.O. Box Number is Not Acceptable)
1626 State Road 60 EAST
City *Valrico* **FL** **Zip Code** *33594*

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]*
 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, 2002 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	D <input type="checkbox"/> Delete
NAME	CUPPETT, LARRY E
STREET ADDRESS	420 W BRANDON BLVD STE 203
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	MCANNALLY, WILLIAM H IV
STREET ADDRESS	420 W BRANDON BLVD STE 203
CITY-ST-ZIP	BRANDON FL 33511
TITLE	D <input type="checkbox"/> Delete
NAME	SELLERS-SOSA, BARBARA
STREET ADDRESS	420 W BRANDON BLVD STE 203
CITY-ST-ZIP	BRANDON FL 33511
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<i>SAME</i>
STREET ADDRESS	<i>1626 State Rd 60 EAST</i>
CITY-ST-ZIP	<i>Valrico, FL 33594</i>
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)