

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90304 019 ***150.00

0007683 AV

DOCUMENT # P00000020984

1. Entity Name

INDEPENDENT TITLE OF ST. JOHNS COUNTY, INC.



Principal Place of Business

4085 A1A SOUTH - SUITE A
ST AUGUSTINE FL 32080

Mailing Address

4085 A1A SOUTH - SUITE A
ST AUGUSTINE FL 32080

2. Principal Place of Business

5431 A1A South

3. Mailing Address

5431 A1A South

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

4. FEI Number

59-3626088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GESELL, PAMELLA B

4085 A1A SOUTH - SUITE A

ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Same

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

5431 A1A South

Suite 104

City St. Augustine

FL

Zip Code 32080

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

TITLE ☐ Delete

NAME D
STREET ADDRESS GESELL, PAMELLA B
CITY-ST-ZIP 2676 US 1 SOUTH
SAINT AUGUSTINE FL 32086

TITLE ☐ Delete

NAME D
STREET ADDRESS KELLER, DEBORAH J
CITY-ST-ZIP 2676 US 1 SOUTH
ST. AUGUSTINE FL 32086

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Keller

4/10/03

904-797-5077

Date

Daytime Phone #

CR2E034 (10/02)