

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90961 012 ***158.75

DOCUMENT # P00000038415

1. Entity Name
ACCELERATED TITLE & ABSTRACT OF FLORIDA, INC.

Principal Place of Business
**550 REO ST., STE. 300
TAMPA FL 33609**

Mailing Address
**550 REO ST., STE. 300
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

405 N. Reo Street
Suite, Apt. #, etc.
165

3. Mailing Address

405 N Reo Street
Suite, Apt. #, etc.
165

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33609

Country
USA

Zip
33609

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

**PAPPAS, JAMES T
550 REO ST., STE. 300
TAMPA FL 33609**

Name **James T Pappas**
Street Address (P.O. Box Number is Not Acceptable)
405 N Reo Street
165
City **Tampa** **FL** Zip Code **33609**

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 **James T Pappas** *new address* **4/27/01**
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 **PD** ☐ Delete
NAME **PAPPAS, JAMES T**
STREET ADDRESS **550 REO ST., STE. 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
NAME **Pappas James T**
STREET ADDRESS **405 N. Reo St. #165**
CITY-ST-ZIP **Tampa FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **James T. PAPPAS - President** **4/27/01 813-785-6685**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)