

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90044 043 \*\*\*158.75

DOCUMENT # P00000057508

1. Entity Name  
**1ST. CHOICE TITLE AGENCY, INC.**

Principal Place of Business <b>10138 US 19 PORT RICHEY FL 34668</b>	Mailing Address <b>10138 US 19 PORT RICHEY FL 34668</b>
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02X200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5425 Main STR Suite, Apt. #, etc. NEW PORT RICHEY FL</b>	3. Mailing Address <b>SAME AS ABOVE Suite, Apt. #, etc.</b>
City & State	City & State

4. FEI Number <b>59-3653196</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

Zip <b>34652</b>	Country <b>USA</b>	Zip	Country
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6. Name and Address of Current Registered Agent  
**SMITH, MARGARET L  
 10138 US 19  
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name **DWYER, MARGARET L**  
 Street Address (P.O., Box Number is Not Acceptable)  
**10138 US 19**  
 City **PORT RICHEY FL** Zip Code **34668**

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: *Margaret L Dwyer* DATE: **2/7/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DESPOTA, KATHLEEN M 5425 MAIN STREET NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SMITH, MARGARET L 10138 US 19 PORT RICHEY FL 34668</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DWYER, MARGARET L 10138 US 19 PORT RICHEY FL 34668</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Margaret L Dwyer* DATE: **2/7/01** DAYTIME PHONE #: **727-862-5003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)