

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

10138 US 19
PORT RICHEY FL 34668

Mailing Address

10138 US 19
PORT RICHEY FL 34668

2. Principal Place of Business

5425 Main STR
Suite, Apt. #, etc.
NEW PORT RICHEY FL
City & State

3. Mailing Address

SAME AS ABOVE
Suite, Apt. #, etc.

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-3653196

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

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 19City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DESPOTA, KATHLEEN M
5425 MAIN STREET
NEW PORT RICHEY FL 34652 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SMITH, MARGARET L
10138 US 19
PORT RICHEY FL 34668 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
DWYER, MARGARET L
10138 US 19
PORT RICHEY FL 34668 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/01**727-862-5003**

CR2E034 (10/00)