

# 2002 UNIFORM BUSINESS REPORT (UBR)

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FILED  
Mar 26, 2002 8:00 AM  
Secretary of State

Entity Name: TITLE AMERICA OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

9735 OLD ST. AUGUSTINE ROAD  
SUITE 11  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9735 OLD ST. AUGUSTINE ROAD  
SUITE 11  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 59-3655704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GULLETT, NIKKI S  
973 SANDSTONE DRIVE  
ORANGE PARK, FL 32065      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GULLETT, NIKKI S MRS  
Address: 9735 OLD SAINT AUGUSTINE ROAD, SUITE 11  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKKI S. GULLETT

PD

03/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date