

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90464 009 ***150.00

050715 AV

DOCUMENT # P00000060758
1. Entity Name
POLK PROFESSIONAL TITLE INSURANCE SERVICES, INC.



Principal Place of Business
5225 US HWY 27 NORTH
DAVENPORT FL 33837

Mailing Address
5225 US HWY 27 NORTH
DAVENPORT FL 33837

2. Principal Place of Business

112 POLO PARK BLUDE,

3. Mailing Address

Suite, Apt. #, etc.

City & State
DAVENPORT, FL

City & State

4. FEI Number 59-3653527

Applied For

Not Applicable

Zip
33897

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAMMONS, ROBERT O
1552 SIXTH STREET SE.
WINTER HAVEN FL 33868

7. Name and Address of New Registered Agent

Name
ADDRESS CHANGE

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

1556 6th STREET SE.

City WINTER HAVEN **FL** **Zip Code** 33880

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALLAS, E.H. KAY 5225 US HWY 27 NORTH DAVENPORT FL 33837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, SANDRA M 5225 US HWY 27 NORTH DAVENPORT FL 33837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:

Signature of Sandra M. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

863-420-9777

Date

Daytime Phone #

CR2E034 (10/02)