

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000063086**

1. Entity Name

**LANDCORP TITLE & TRUST, INC.**

Principal Place of Business

**7217 BENJAMIN ROAD  
TAMPA FL 33634**

Mailing Address

**7217 BENJAMIN ROAD  
TAMPA FL 33634**

2. Principal Place of Business

**2701 W. Busch Blvd**

3. Mailing Address

**2701 W. Busch Blvd**

Suite, Apt. #, etc.

**#205**

Suite, Apt. #, etc.

**#205**

City &amp; State

**TAMPA, FLORIDA**

City &amp; State

**TAMPA, FLORIDA**

Zip

**33618**

Country

**USA**

Zip

**33618**

Country

**USA**

4. FEI Number

**59-3651705**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COBELO, TAMMY L  
2701 W. BUSCH BOULEVARD  
SUITE 205  
TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SHICK, DAVID	
STREET ADDRESS	7217 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	PD	<input type="checkbox"/> Delete
NAME	COBELO, TAMMY L	
STREET ADDRESS	2701 W. BUSH BLVD., SUITE 205	
CITY-ST-ZIP	TAMPA FL 33634	

TITLE	STD	<input type="checkbox"/> Delete
NAME	LOPEZ, MORRIS	
STREET ADDRESS	7217 BENJAMIN ROAD	
CITY-ST-ZIP	TAMPA FL 33634	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90157 043 \*\*\*150.00

**00038258**

DO NOT WRITE IN THIS SPACE

0354663

CR2E034 (10/00)