

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90183 012 ***150.00

DOCUMENT # P00000063745

1. Entity Name
CELEBRATION TITLE AGENCY, INC.



Principal Place of Business
**129 W HIBISCUS BLVD SUITE N
MELBOURNE FL 32901**

Mailing Address
**129 W HIBISCUS BLVD SUITE N
MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3655380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, JAMES F
129 W HIBISCUS BLVD
MELBOURNE FL 32901**

Name **Tammy L. Adams**
Street Address (P.O. Box Number is Not Acceptable)
129 W. HIBISCUS BLVD, Suite N
MELBOURNE
City **FL** Zip Code **32901**

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 *Tammy L. Adams*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ADAMS, TRUDY J**
STREET ADDRESS **129 W HIBISCUS BLVD STE N**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **ADAMS, TRUDY J** ☐ Change ☐ Addition
NAME **ADAMS, TRUDY J**
STREET ADDRESS **129 W. HIBISCUS BLVD**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **SVP** ☒ Delete
NAME **ADAMS, JAMES F II**
STREET ADDRESS **129 W HIBISCUS BLVD STE N**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TVP** ☐ Delete
NAME **ADAMS, TAMMY L**
STREET ADDRESS **129 W HIBISCUS BLVD STE N**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **STVP** ☒ Change ☐ Addition
NAME **ADAMS, TAMMY L**
STREET ADDRESS **129 W. HIBISCUS BLVD. STE N**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tammy L. Adams

Date

Daytime Phone #

1/6/03 321-984-1787

CR2E034 (10/02)