

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

08-31-2001 90235 004 ***150.00

DOCUMENT # P00000067615

1. Entity Name

A&A TITLE OF SOUTH WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2095 KENDIS STREET
PORT CHARLOTTE FL 33948

2095 KENDIS STREET
PORT CHARLOTTE FL 33948

2095

2095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1023784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, GARY

Name

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

City

FL

Zip Code

2095 KENDIS STREET
PORT CHARLOTTE FL 33948

2095

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete
NAME **GARY FOSTER**
STREET ADDRESS **2095 KENDIS ST.**
CITY-ST-ZIP **Port Charlotte, FL 33948**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01

941-480-0727

Date

Daytime Phone #

CP2E034 (5/01)

A & Title, Inc.
2095 Kendis St
Port Charlotte, Florida 33948
1-941-416-4269

attachment
P000006766
[REDACTED]
78572

To Whom It May Concern:

Because of the wrong address on my document I did not receive the first statement for payment. I spoke with a representative on 8/27/01 and they said to write this letter of explanation as to why the payment was late. I hope this is sufficient. If you have any further questions please let me know.

Thank you for your assistance in this matter. Please note the correction to the address on the document you sent.

Sincerely,



Gary Foster