

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90165 021 ***150.00

DOCUMENT # P00000096905

1. Entity Name
CITY TITLE SERVICES, INC.

Principal Place of Business

**C/O JASON ZINNO
 407 LAKE HOWELL ROAD
 MAITLAND FL 32751**

Mailing Address

**407 LAKE HOWELL ROAD
 MAITLAND FL 32751**

00027630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

412 LAKE HOWELL Rd

Suite, Apt. #, etc.

3. Mailing Address

407 LAKE HOWELL Rd

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

59-3678725

Applied For

Not Applicable

Zip

32751

Country

Seminole

Zip

32751

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZINNO, JASON J
 407 LAKE HOWELL ROAD
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

JASON J. ZINNO

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

SAME

City

SAME

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, 2002 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	LUCKENBACH, BARON R	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZINNO, JASON J	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ZINNO, JENNIFER M	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEHOOP, BRENT	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEHOOP, JILL	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCKENBACH, BEVERLY	
STREET ADDRESS	407 LAKE HOWELL ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	

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
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
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

407-509-9932

Daytime Phone #

CR2E034 (9/01)