

2002 UNIFORM BUSINESS REPORT (UBR)

5/29

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-29-2002 93645 025 ****61.25
 07-04-2002 90549 001 ****97.50

DOCUMENT # P00000101611

1. Entity Name
PONCE INLET TITLE, INC.

Principal Place of Business
**4000 S ATLANTIC AVE
 WILBUR BY THE SEA FL 32127**

Mailing Address
**4000 S ATLANTIC AVE
 WILBUR BY THE SEA FL 32127**

B0127100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
55 Inlet Harbor Rd.
 Suite, Apt. #, etc. **III**

3. Mailing Address
55 Inlet Harbor Rd.
 Suite, Apt. #, etc. **III**

City & State
Ponce Inlet, FL
 Zip **32127** Country **USA**

City & State
Ponce Inlet, FL
 Zip **32127** Country **USA**

4. FEI Number **59-3677533**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNCH, JOHN J III
 4000 S ATLANTIC AVE
 WILBUR BY THE SEA FL 32127**

7. Name and Address of New Registered Agent

Name **Pamela S. Davis**
 Street Address (P.O. Box Number is Not Acceptable)
55 Inlet Harbor Rd
Suite III
 City **Ponce Inlet** FL Zip Code **32127**

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 **Pamela S. Davis**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYNCH, JOHN J III 4000 S ATLANTIC AVE WILBUR BY THE SEA FL 32127 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice Pres / Sec. Pamela S. Davis 55 Inlet Harbor Rd, Ste III Ponce Inlet, FL 32127 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: **Pamela S. Davis**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 386-761-3535
 Date Daytime Phone #



Attachment
B0127100

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 5, 2002

PONCE INLET TITLE, INC.
4000 S ATLANTIC AVE
WILBUR BY THE SEA, FL 32127

Subject: **PONCE INLET TITLE, INC.**

Reference Number: **P00000101611**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$88.75.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns

ANNUAL REPORTS SECTION