

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-04-2002 90164 018 ***150.00

DOCUMENT # P00000101878

1. Entity Name

OCEAN TITLE & ABSTRACT INC.

Principal Place of Business

~~2565 COUNTRYSIDE BLVD., STE. 1~~
~~CLEARWATER FL 33761~~

2118 W. CASS ST.
TAMPA FL 33606

Mailing Address

~~2565 COUNTRYSIDE BLVD., STE. 1~~
~~CLEARWATER FL 33761~~

2118 W. CASS ST.
TAMPA, FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3695115

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

BERNHARD, AMITY M

~~2565 COUNTRYSIDE BLVD., STE. 1~~
~~CLEARWATER FL 33761~~

Name

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

2118 W. CASS ST.

TAMPA, FL

City

FL

Zip Code

33606

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

Amity M. Bernhard V.P. *Amity M. BERNHARD, VICE PRES.* 1/11/02

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 **D - VICE PRESIDENT** ☐ Delete
NAME **BERNHARD, AMITY M**
STREET ADDRESS ~~2565 COUNTRYSIDE BLVD., STE. 1~~
CITY-ST-ZIP ~~CLEARWATER FL 33761~~

TITLE ☐ Change ☒ Addition
NAME **2118 W. CASS ST.**
STREET ADDRESS **TAMPA, FL 33606**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D - PRESIDENT**
STREET ADDRESS **MOLLY A. BOSTON**
CITY-ST-ZIP **2118 W. CASS ST.**
TAMPA, FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D - ST**
STREET ADDRESS **WHITNEY WHITACRE**
CITY-ST-ZIP **2118 W. CASS ST.**
TAMPA, FL 33618

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

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

Amity M. Bernhard **AMITY M. BERNHARD** 1/11/02 **258-0555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)