

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 029 ***150.00

DOCUMENT # P00000102559

1. Entity Name

American Title Company of Tampa

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 10th Street South
Suite, Apt. #, etc.

3. Mailing Address

1600 10th Street South
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Safety Harbour, FL

City & State

Safety Harbour, FL

4. FEI Number

593709735

Applied For

Not Applicable

Zip

34695

Country

U S

Zip

34695

Country

U S

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carl Smith

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

1600 10th Street South

City

Safety Harbour

FL

Zip Code

34695

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PSD
NAME Carl Smith
STREET ADDRESS 1600 10th Street South
CITY-ST-ZIP Safety Harbour, FL 34695

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Smith

4-24-2002

Date

813-334-5755

Daytime Phone #