

2001 UNIFORM BUSINESS REPORT (UBR)

1/9/01

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-09-2001 90013 050 ***150.00

DOCUMENT # P00000106025

1. Entity Name
ACTION TITLE TOO, INC.

Principal Place of Business
3248 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address
POST OFFICE BOX 6668
SPRING HILL FL 34611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3681086

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ROBERT E. HUTCHINSON**

Street Address (P.O. Box Number is Not Acceptable)
3248 COMMERCIAL WAY

City **SPRING HILL** FL **34606**

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.

Robert E. Hutchinson

(NOTE: Registered Agent signature required when reinstating)

1/13/01

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, 2001 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 **PD**
NAME **HUTCHINSON, ROBERT E**
STREET ADDRESS **3248 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL FL 34606**

☐ Delete

TITLE **VD**
NAME **HUTCHINSON, BARBARA L**
STREET ADDRESS **3248 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL FL 34606**

☐ Delete

TITLE **STD**
NAME **HUTCHINSON, CHERYL L**
STREET ADDRESS **3248 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL FL 34606**

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Robert E. Hutchinson

1/13/01

(352) 686-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)