

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-13-2002 90189 015 ***150.00

DOCUMENT # P00000107785
 1. Entity Name
NORTH STATE TITLE SERVICES, INC.

Principal Place of Business
~~457 HUNTER'S TRACE~~ **3055 Crawfordville Hwy**
 CRAWFORDVILLE FL 32327

Mailing Address
2887 CRAWFORDVILLE HWY., STE-3
 CRAWFORDVILLE FL 32327



2. Principal Place of Business
3055 Crawfordville Hwy
 Suite, Apt. #, etc.

3. Mailing Address
3055 Crawfordville Hwy
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crawfordville FL

City & State
Crawfordville FL

Zip
32327

Country
WAK

Zip
32327

Country
WAK

59-3867007

4. FEI Number **APPLIED FOR**
59-3867007

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
YORE, KAREN HOPE
457 HUNTER'S TRACE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent
 Name **Karen Hope Yore**
 Street Address (P.O. Box Number is Not Acceptable)
3055 Crawfordville Hwy
Crawfordville FL 32327

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 *Karen Hope Yore*
 Signature, typed or printed name of registered agent and title if applicable.

4/25/02
 DATE

(NOTE: Registered Agent signature required when reinstating)

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	PTD YORE, FRANK J 457 HUNTER'S TRACE CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YORE, KAREN HOPE 457 HUNTER'S TRACE CRAWFORDVILLE FL 32327 <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

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: *Karen Hope Yore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

850-926-3939